

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062684

Entity Name

UNITY TITLE SERVICES, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90028 040 ***150.00

Principal Place of Business

Mailing Address

WEST FLAGLER STREET, SUITE 205
FL 33144

8360 WEST FLAGLER STREET, SUITE 205
MIAMI FL 33144-2042

838570



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9415 SW 72 ST

Suite, Apt. #, etc.

123

City & State

MIAMI FL

Zip

33175

Country

USA

3. Mailing Address

9415 SW 72 ST

Suite, Apt. #, etc.

123

City & State

MIAMI FL

Zip

33175

Country

USA

4. FEI Number

650934354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, ANDY
8360 WEST FLAGLER STREET, SUITE 205
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: D
NAME: MOLIVER, DAVID
STREET ADDRESS: 9415 SW 72 STREET, SUITE 125
CITY-ST-ZIP: MIAMI FL 33173 ☐ Delete

TITLE: D
NAME: MARTINEZ, ANDY
STREET ADDRESS: 8360 WEST FLAGLER STREET, SUITE 205
CITY-ST-ZIP: MIAMI FL 33144 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 (352) 59-3000

CR2E034 (9/99)