

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065905

Entity Name

TITLE PARTNERSHIP OF AMERICA INC.

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90048 022 ***150.00

Principal Place of Business

11110 N. KENDALL DR.
STE 200
MIAMI FL 33176

Mailing Address

11110 N. KENDALL DR.
STE 200
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11110 N. Kendall Drive

Suite, Apt. #, etc. Suite # 200

City & State Miami, FL

Zip 33176

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0726024-1159238

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL B. LAZAR PA
11110 N. KENDALL DR.
STE 200
MIAMI FL 33176

Name

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

City

FL

Zip Code

8. 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LAZAR, DANIEL B
STREET ADDRESS 11110 N. KENDALL DR. -STE 200
CITY-ST-ZIP MIAMI FL 33176 ☒ Delete

TITLE President
NAME Lazar, Patricia
STREET ADDRESS 11110 N. Kendall Drive # 200
CITY-ST-ZIP Miami, FL 33176 ☒ Change ☐ Addition

TITLE VP
NAME LAZAR, PATRICIA H
STREET ADDRESS 11110 N. KENDALL DR. -STE 200
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

CR2E034 (9/01)