

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068746

1. Entity Name

SOUTHEAST FLORIDA TITLE CORP.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90109 044 ***150.00

Principal Place of Business 2709 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306	Mailing Address 2709 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0944062	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SMOLER, BRUCE J ESQ 100 SE 2ND STREET, SUITE 2620 MIAMI FL 33131

7. Name and Address of New Registered Agent
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP
P SMOLER, BRUCE J 2709 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306
<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
S LERMAN, CARLOS D 2709 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306
<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D VERNICK, HOWARD 2709 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306
<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D RUBEO, PAUL 2709 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306
<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> 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 #

4/22/01 305-539-0011

0245758

CR2E034 (10/00)