2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90130 048 ***150.00

DOCUMENT # P99000072740

1. Entity Name

PREMIER EXECUTIVE TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
10651 NORTH KENDALL DRIVE SUITE 205 MIAMI FL 33176	10651 NORTH KENDALL DRIVE SUITE 205 MIAMI FL 33176-1545

609403

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ-SUAREZ, JEANETTE ESQ.
10651 NORTH KENDALL DRIVE
SUITE 205
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name: Jeanette Hernandez-Suarez
Street Address (P.O. Box Number Is Not Acceptable): 10651 N. Kendall Drive, Suite 205
City: Miami FL Zip Code: 33176

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: Jeanette Hernandez-Suarez, President DATE: 1/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ-SUAREZ, JEANETTE 10651 NORTH KENDALL DRIVE SUITE 205 MIAMI FL 33176	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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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] REQUIRED 1/10/00 (305)596-7044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #