2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000073866 SECRETARY OF STATE OF STATE ONS. Entity Name NATIONWIDE TITLE SERVICES, INC. 00 July 10 PM 6: 17 Principal Place of Business Mailing Address 901 PONCE DE LEON BLVD., SUITE 601 901 PONCE DE LEON BLVD.. SUITE 601 CORAL GABLES FL 33134 CORAL GABLES FL 33134-3073 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-1017795 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEGREDO, FRANK J ESQ Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES FL 33134 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Addition Change TITLE □ Delete HERNANDEZ, GUILLERMO R NAME NAME **CR2E034** 901 PONCE DE LEON BLVD., SUITE 601 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Addition ☐ Change Delete TITLE TITLE SEGREDO, FRANK J NAME NAME STREET ADDRESS 901 PONCE DE LEON BLVD., SUITE 601 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete ☐ Change TITI F TITLE NAME NAME STREET ADDRESS 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 receiving or further 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 an address, with all other like empowered.

Daytime Phone #

SIGNATURE