

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90296 025 \*\*\*150.00

**DOCUMENT # P99000094820**

1. Entity Name  
**RELIANCE TITLE SERVICES, INC.**

Principal Place of Business 7771 W. OAKLAND PARK BLVD #217 SUNRISE FL 33351	Mailing Address 7771 W. OAKLAND PARK BLVD #217 SUNRISE FL 33351-6796
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8941 Pembroke Road</b>	3. Mailing Address <b>8941 Pembroke Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pembroke Pines, FL</b>	City & State <b>Pembroke Pines, FL</b>	4. FEI Number <b>65-0955564</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33025</b>	Country <b>U.S.</b>	Zip <b>33025</b>	Country <b>U.S.</b>
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required <input type="checkbox"/>	

**6. Name and Address of Current Registered Agent**

**CAMACHO, BELKIS**  
~~7771 W. OAKLAND PARK BLVD #217~~  
~~SUNRISE FL 33351~~  
**8941 Pembroke Road**  
**Pembroke Pines, FL 33025**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

9. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.

**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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>CAMACHO, BELKIS</b>	
STREET ADDRESS <b>7771 W. OAKLAND PARK BLVD #217</b>	
CITY-ST-ZIP <b>SUNRISE FL 33351</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>8941 Pembroke Road</b>	
CITY-ST-ZIP <b>Pembroke Pines, FL 33025</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Belkis Camacho* **Belkis Camacho** Date **4-3-2000** Daytime Phone # **954-438-8000**

CR2E034 (9/99)