

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90378 046 ***150.00

DOCUMENT # P99000094820

1. Entity Name
RELIANCE TITLE SERVICES, INC.

Principal Place of Business

8941 PEMBROKE RD
 PEMBROKE PINES FL 33025
 US

Mailing Address

8941 PEMBROKE RD
 PEMBROKE PINES FL 33025
 US

2. Principal Place of Business

8908 Taft Street
 Suite, Apt. #, etc.

3. Mailing Address

8908 Taft Street
 Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number **65-0955564**

Applied For
 Not Applicable

Zip **33024**

Country

Zip **33024**

Country

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

~~CAMACHO, BELKIS~~
~~8941 PEMBROKE RD~~
~~PEMBROKE PINES FL 33025~~
8908 Taft Street
Pembroke Pines
FL 33024

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD CAMACHO, BELKIS**
 STREET ADDRESS **8941 PEMBROKE RD**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE Change Addition
 NAME **PD Belkis Camacho..**
 STREET ADDRESS **8908 Taft Street**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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** Date **1-23-01** Daytime Phone # **954-438-8000**

CR2E034 (10/00)