

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # (AMENDED UBR)

1. Entity Name *P99 000106521*
FOUR SEASONS TITLE SERVICES, INC.

Principal Place of Business
3531 GRIFFIN ROAD
FORT LAUDERDALE, FLORIDA
33312

Mailing Address
SAME

2. Principal Place of Business
3531 GRIFFIN ROAD

2. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State

4. FEI Number
65-0975056

Applied For
Not Applicable

Zip
33312

Country
U.S.A.

Zip

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

WILLIAM H. BATALLAS
3531 GRIFFIN ROAD
FORT LAUDERDALE, FLORIDA 33312

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 renewing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILLIAM H. BATALLAS - PS ☒ Change ☐ Addition
3531 Griffin Road
Fort Lauderdale, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RICARDO FORNOS - VD ☐ Change ☒ Addition
3800 S. Ocean Dr., Suite G-4
Hollywood, FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
IDALBERTO CLARK - TD ☐ Change ☒ Addition
7071 Taft Street
Hollywood, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *W H Batallas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/01

954.987.3880

cell: 561.702.0579

FILED

01 AUG 24 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800004571608--3

-09/06/01--01024--008

DO NOT WRITE IN THIS SPACE ***61.25

CRZE034 (11/00)