

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0278552 AV

DOCUMENT # P99000108354

1. Entity Name
LEXINGTON TITLE SERVICES, INC.

03-13-2002 90033 026 ***150.00

Principal Place of Business

**COCONUT GROVE BANK BLDG.
2701 S BAYSHORE DR., SUITE 602
COCONUT GROVE FL 33133**

Mailing Address

**COCONUT GROVE BANK BLDG.
2701 S BAYSHORE DR., SUITE 602
COCONUT GROVE FL 33133**



2. Principal Place of Business

**11410 N. Kendall Drive
#204
Miami, FL**

3. Mailing Address

Same

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

City & State

City & State

Zip

33176

Country

State

Zip

State

Country

State

4. FEI Number

65-0967673

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRODSKY, HOWARD ESQ
2701 S BAYSHORE DR., SUITE 602
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/02

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, 2002 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	PTSD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, HOSEY	
STREET ADDRESS	2701 S BAYSHORE DR., SUITE 602	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	TELLEZ, CHRISTIAN	
STREET ADDRESS	2701 S BAYSHORE DR. #602	
CITY-ST-ZIP	MIAMI FL 33133	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11410 N. Kendall Drive, #204	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11410 N. Kendall Drive, #204	
CITY-ST-ZIP	Miami, FL 33176	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

DATE

(305) 251-8050

Daytime Phone #

CR2E034 (9/01)