

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90543 006 ***150.00

DOCUMENT # S72591

1. Entity Name
SECURE TITLE & ESCROW, INC.



Principal Place of Business
P O BOX 934367
MARGATE FL 33093-4367

Mailing Address
P O BOX 934367
MARGATE FL 33093-4367



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0279288

Applied For
Not Applicable

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

FLEMING-MATOS, MELANIE K.
1200 N W 70TH LANE
MARGATE FL 33063

Name **Fleming-Matos, Melanie**
Street Address (P.O. Box Number is Not Acceptable)
1190 N.W. 70 LANE
MARGATE FL 33063
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Melanie Matos Res*

January 03'

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **POST FLEMING-MATOS, MELANIE K**
STREET ADDRESS **1200 N W 70TH LANE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☒ Change ☐ Addition
NAME **1190 N.W. 70 LANE**
STREET ADDRESS **MARGATE FL 33063**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MATOS, BERNARD M. JR.**
STREET ADDRESS **1200 N W 70TH LANE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☒ Change ☐ Addition
NAME **1190 N.W. 70 LANE**
STREET ADDRESS **MARGATE FL 33063**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melanie Matos Res*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 03'

Date

954974 9970

Daytime Phone #

CR2E034 (10/02)