

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V32273

1. Entity Name

PRESTIGE TITLE & RESEARCH CO., INC.

FILED

Apr 07, 2000 8:00 am  
Secretary of State

04-07-2000 90001 049 \*\*\*150.00

Principal Place of Business

Mailing Address

2855 UNIVERSITY DR.  
SUITE 230  
CORAL SPGS. FL 33065  
US

2855 UNIVERSITY DR.  
SUITE 230  
CORAL SPRINGS FL 33309-6103  
US

U S S E C



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6261 NW 6th Way

6261 NW 6th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Lauderdale FL

City & State

FT Lauderdale FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0458560

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

GAINES, HOWARD S.  
2855 UNIVERSITY DR.  
SUITE 230  
CORAL SPRINGS FL 33065

Name

Howard S. Gaines

Street Address (P.O. Box Number is Not Acceptable)

6261 NW 6th Way

Suite

202

City

FT Lauderdale

FL

Zip Code

33309

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)

DATE

3/31/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GAINES, HOWARD S.  
2855 UNIVERSITY DR., STE. 230  
CORAL SPRINGS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Howard S. Gaines  
6261 NW 6th Way #202  
FT Lauderdale, FL 33309 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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)(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

Date

Daytime Phone #

3/31/00

954 491-1932

CR2E034 (9/99)