

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90312 025 ***150.00

DOCUMENT # V50864

1. Entity Name
GREATER MIAMI TITLE, INC.



Principal Place of Business
27230 S. DIXIE HWY
HOMESTEAD FL 33032

Mailing Address
27230 S. DIXIE HWY
HOMESTEAD FL 33032



2. Principal Place of Business
15600 S.W. 288 St.

3. Mailing Address

Suite, Apt. #, etc.
404

Suite, Apt. #, etc.

City & State
Homestead, FL

City & State

Zip
33033

Country
USA

Zip

Country

4. FEI Number **65-0350808**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SMITH, RONALD A
27230 S. DIXIE HWY
HOMESTEAD FL 33032

7. Name and Address of New Registered Agent

Name
Ronald A. Smith
Street Address (P.O. Box Number is Not Acceptable)
15600 S.W. 288 St., #404
City **Homestead** **FL** Zip Code **33033**

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 *Ronald A. Smith*

DATE **4-24-03**

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|---------------|--------------------|--------------------|-------------------------------------|
| DP | SMITH, RONALD | 27230 S. DIXIE HWY | HOMESTEAD FL 33032 | <input checked="" type="checkbox"/> |
| VST | SMITH, RONALD | 27230 S. DIXIE HWY | HOMESTEAD FL 33032 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------------------------|--------------------------|---------------------|--------------------------|-------------------------------------|
| DPST | Ronald A. Smith | 15600 S.W. 288 St., #404 | Homestead, FL 33033 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | IRENE BRITO | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| V | IRENE BRITO | 15600 S.W. 288 St., #404 | Homestead, FL 33033 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Ronald A. Smith* **Ronald A. Smith** **4-24-03** **305-248-9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)