2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **V52466** Mar 20, 2000 8:00 am **Secretary of State** SOUTHLAND TITLE SERVICES, INC. 03-20-2000 90034 040 ***150.00 Mailing Address Principal Place of Business 800 CORPORATE DRIVE 800 CORPORATE DRIVE STF 420 STE 420 FT. LAUDERDALE FL 33334-3621 FT. LAUDERDALE FL 33334 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City'& State 4. FEI Number 65-0359400 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEIMARK, CORT A 800 CORPORATE DRIVE SUITE 602 FT. LAUDERDALE FL 33334 City statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition ☐ Delete TITLE TITLE. NADEL, HOWARD B. NAME 800 CORPORATE DR STE 420 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Change Addition vpst TITLE ☐ Delete TITLE NEIMARK, CORT A. NAME NAME STREET ADDRESS 800 CORPORATE DR STE 420 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change Addition Delete TITLE TITLE NADEL, HOWARD B NAME NAME STREET ADDRESS 800 CORPORATE DR STE 420 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE THILE NEIMARK, CORT A NAME NAME 800 COPORATE DR STE 420 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

3. 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 flaccurate 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 trostee empowered the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter during the property with the architecture.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

954-351-890

Daytime Phone #