2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # V52466** SOUTHLAND TITLE SERVICES, INC. 04-09-2001 90022 025 ***150.00 Principal Place of Business Mailing Address 800 CORPORATE DRIVE 800 CORPORATE DRIVE STE 420 STE 420 941167 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0359400 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NADEL, HOWARD B Street Address (P.O. Box Number is Not Acceptable) **800 CORPORATE DRIVE** STE-420 FT. LAUDERDALE FL 33334 City Zip Code 8. The above name entity submits this statement for the of changing its registered office or registered agent, or both, in the State of Florida 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE Delete TITLE ☐ Change ☐ Addition NADEL, HOWARD B. NAME NAME STREET ADDRESS 800 CORPORATE DR STE 420 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL VPST ☐ Delete ☐ Change NEIMARK, CORT A. NAME STREET ADDRESS 800 CORPORATE DR STE 420 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete NAME NADEL, HOWARD B NAME: STREET ADDRESS 800 CORPORATE DR STE 420 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NÉIMARK, CORT A NAME NAME STREET ADDRESS 800 COPORATE DR STE 420 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with trustee empowered to execute