

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**  
 03-08-2000 90056 043 \*\*\*150.00

**DOCUMENT # V73866**

1. Entity Name  
**ALL FLORIDA TITLE AND ESCROW COMPANY**

Principal Place of Business	Mailing Address
4651 SHERIDAN ST. 325 HOLLYWOOD FL 33021 US	4651 SHERIDAN ST 325 HOLLYWOOD FL 33021-3424 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4330 Sheridan St</b> Suite, Apt. #, etc. <b># 202 B</b> City & State <b>Hollywood FL</b> Zip <b>33021</b> Country <b>US</b>	3. Mailing Address <b>4330 Sheridan St</b> Suite, Apt. #, etc. <b># 202 B</b> City & State <b>Hollywood FL</b> Zip <b>33021</b> Country <b>US</b>
---	---

4. FEI Number <b>65-0362200</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**SCHULMAN, BENJAMIN R.**  
**4651 SHERIDAN ST**  
**SUITE 325**  
**HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent  
 Name **SCHULMAN BENJAMIN R**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4330 Sheridan St**  
**# 202 B**  
 City **Hollywood** FL Zip Code **33021**

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 DATE **3/6/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---	--

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>SCHULMAN, BENJAMIN R.</b> <b>4651 SHERIDAN ST., #325</b> <b>HOLLYWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>SCHULMAN, BENJAMIN R</b> <b>4330 Sheridan St #202 B</b> <b>Hollywood FL 33021</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **3/6/00** DAYTIME PHONE # **(954) 963 0904**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)