

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90168 033 \*\*\*150.00

**DOCUMENT # H01377**

1. Entity Name  
**UNITED APPRAISAL GROUP, INC.**

Principal Place of Business

**17971 BISCAYNE BLVD  
 STE 207  
 AVENTURA FL 33160  
 US**

Mailing Address

**3079 NE 183RD LN.  
 AVENTURA FL 33160**

**916966**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3079 NE 183RD LN.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**AVENTURA, FL**

City & State

4. FEI Number **59-2415249**

Applied For

Not Applicable

Zip

**33160**

Country  
**US**

Zip

Country

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

**KAPNER, DONALD  
 3079 NE 183RD LN.  
 AVENTURA FL 33160**

Name

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

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	<b>KAPNER, DONALD</b>	
STREET ADDRESS	<b>3079 NE 183RD LANE</b>	
CITY-ST-ZIP	<b>AVENTURA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 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: Donald Kapner DONALD KAPNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/07/01 305 931-5800

Date Daytime Phone #

CR2E034 (10/00)