

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H01377

FILED
Mar 19, 2009
Secretary of State

Entity Name: UNITED APPRAISAL GROUP, INC.

Current Principal Place of Business:

3079 NE 183RD LN
AVENTURA, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

3079 NE 183RD LN.
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 59-2415249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVENUE
SUITE 100
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KAPNER, ARLENE
Address: 3079 NE 183RD LANE
City-St-Zip: AVENTURA, FL 33160

Title: VP () Delete
Name: KAPNER, ARLENE
Address: 3079 NE 183RD LANE
City-St-Zip: AVENTURA, FL

Title: SEC () Delete
Name: KAPNER, ARLENE
Address: 3079 NE 183RD LANE
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE KAPNER

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date