2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State
02-12-2003 90091 043 ***150.00

DOCUMENT # P02000072336

1. Entity Name
VPS APPRAISALS INC.

Principal Place of Business	Mailing Address
1821 MIDDLE RIVER DRIVE APT.#15 FORT LAUDERDALE FL 33305	1821 MIDDLE RIVER DRIVE APT.#15 FORT LAUDERDALE FL 33305

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
7430 SW 59th CT		7430 SW 59th CT	
Suite, Apt. #, etc.: APT # B10		Suite, Apt. #, etc.: APT # B10	
City & State: SOUTH MIAMI, FLORIDA		City & State: SOUTH MIAMI, FLORIDA	
Zip: 33143-5184	Country: U.S.	Zip: 33143-5184	Country: U.S.

4. FEI Number 03-0470930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DA COSTA, VALTER JR.
1821 MIDDLE RIVER DRIVE
APT.#15
FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name: DA COSTA, VALTER JR.
Street Address (P.O. Box Number is Not Acceptable): 7430 SW 59th CT #B10
City: SOUTH MIAMI FL Zip Code: 33143-5168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	DA COSTA, VALTER JR.	
STREET ADDRESS	1821 MIDDLE RIVER DRIVE, APT.#15	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	V	☐ Delete
NAME	MARTINS, SCHELEGA S	
STREET ADDRESS	1821 MIDDLE RIVER DRIVE, APT.#15	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Change ☐ Addition
NAME	DA COSTA, VALTER JR.	
STREET ADDRESS	7430 SW 59th CT # B10	
CITY-ST-ZIP	SOUTH MIAMI FL 33143-5168	
TITLE	V	☐ Change ☐ Addition
NAME	MARTINS, SCHELEGA S	
STREET ADDRESS	7430 SW 59th CT # B10	
CITY-ST-ZIP	SOUTH MIAMI FL 33143-5168	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE ON FILE / SIGNED — 02/08/03 (786) 5534166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #