

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90157 049 \*\*\*150.00

U1/5/03 AV

DOCUMENT # **P98000029352**

1. Entity Name  
~~ROSSI PROPERTY SERVICES GROUP, INC.~~



**TRI COUNTY CERTIFIED APPRAISERS, INC.**

Principal Place of Business  
21660 N.W. 3RD STREET  
PEMBROKE PINES FL 33029

Mailing Address  
21660 N.W. 3RD STREET  
PEMBROKE PINES FL 33029



2. Principal Place of Business  
**2890 Griffin Rd**

3. Mailing Address  
**2890 Griffin Rd**

Suite, Apt. #, etc.  
**# 3**

Suite, Apt. #, etc.  
**# 3**

CHECK HERE IF MAKING CHANGES

City & State  
**Ft. Lauderdale, FL**

City & State  
**Ft. Lauderdale, FL**

4. FEI Number **65-0825427**

Applied For  
Not Applicable

Zip. Country  
**33312 Broward**

Zip Country  
**33312 Broward**

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

**ROSSI, EDWARD J**  
~~21660 NW 3RD ST~~  
~~PEMBROKE PINES FL 33029~~

Name  
Street Address (P.O. Box Number is Not Acceptable)  
~~21660 NW 3RD ST~~ **2890 Griffin Rd # 3**  
City **Ft. Lauderdale** **FL** Zip Code **33312**

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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **DPST ROSSI, EDWARD J**  
STREET ADDRESS **21660 N.W. 3RD STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE  Change  Addition  
NAME **DPST Rossi, Edward J**  
STREET ADDRESS **2890 Griffin Rd # 3**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/03 954989-8823**  
Date Daytime Phone #

CR2E034 (10/02)