

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90036 043 ***150.00

DOCUMENT # P98000090859

1. Entity Name

PREMIER APPRAISERS, INC.

Principal Place of Business

Mailing Address

**9190 FONTAINEBLEAU BLVD., #504
 MIAMI FL 33172**

**9190 FONTAINEBLEAU BLVD., #504
 MIAMI FL 33172-4357**

2. Principal Place of Business

8300 West Flagler St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 122

City & State
Miami, Fl.

City & State

4. FEI Number

65-0877051

Applied For

Not Applicable

Zip

33144

Country

U.S.A.

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

**ANGARITA, DIEGO L
 9190 FONTAINEBLEAU BLVD., #504
 MIAMI FL 33172**

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, 2000 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 Delete
D
 NAME **ANGARITA, DIEGO L**
 STREET ADDRESS **9190 FONTAINEBLEAU BLVD., #504**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

305 559 3131

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE