

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90944 042 ***150.00

DOCUMENT # S28795

1. Entity Name
APPRAISALWORKS, INC.

Principal Place of Business 225 NORTHEAST 34TH STREET #202 202 MIAMI FL 33137 US	Mailing Address 225 NORTHEAST 34TH STREET #202 202 MIAMI FL 33137-3800 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 225 NE 34 Street	3. Mailing Address 225 NE 34 Street
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 202
City & State MIAMI FL 33137	City & State MIAMI FL

4. FEI Number 65-0244163	Applied For <input type="checkbox"/> Not Applicable
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Zip 33137	Country DADE	Zip 33137	Country DADE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**MIALTAGLIATI, STEPHEN
 225 NORTHEAST 34TH STREET
 SUITE ~~202~~ 202
 MIAMI FL 33137**

7. Name and Address of New Registered Agent
 Name
MALTAGLIATI STEPHEN
 Street Address (P.O. Box Number is Not Acceptable)
225 NE 34 Street
SUITE 202
 City **MIAMI** **FL** Zip Code **33137**

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P MALTAGLIATI, STEPHEN 225 N.E. 34TH ST. S-202 MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MALTAGLIATI, STEPHEN 225 NE 34 Street #202 MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stephen Maltagliati* **4/27/2000** **305 5764649**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)