

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

DOCUMENT # 234407

1. Entity Name

AUTO APPRAISAL, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 10 PM 3:52

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3001 Ponce de Leon Blvd.

3. Mailing Address  
SAME

**REINSTATEMENT 97-03**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
Suite #101

Suite, Apt. #, etc.  
SAME

City & State  
Coral Gables Florida

City & State  
SAME

4. FEI Number 59-086316

Applied For  
Not Applicable

Zip 33134 Country USA

Zip SAME Country SAME

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name YISHAI HAYDELSTIEN

Street Address (P.O. Box Number is Not Acceptable)

3001 PONCE DE LEON BLVD., #101

City CORAL GABLES FL Zip Code 33134

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 *Yishai Haydelstien*  
Signature typed or printed name of registered agent and title if applicable.

YISHAI HAYDELSTIEN

09-25-03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 4 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME P/C/S/D  
STREET ADDRESS YISHAI HAYDELSTIEN  
CITY-ST-ZIP 1000 PONCE DE LEON BLVD., #327  
CORAL GABLES FL 33134

TITLE  
NAME VP  
STREET ADDRESS DAISY TERESITA LOPEZ  
CITY-ST-ZIP 1000 PONCE DE LEON BLVD., #327  
CORAL GABLES FL 33134

TITLE  
NAME T/D  
STREET ADDRESS JESUS H AMADO  
CITY-ST-ZIP 1000 PONCE DE LEON BLVD., #327  
CORAL GABLES FL 33134

TITLE  
NAME VP/D  
STREET ADDRESS JOE ANON  
CITY-ST-ZIP 1000 PONCE DE LEON BLVD., #327  
CORAL GABLES FL 33134

TITLE  
NAME VP  
STREET ADDRESS JOSEPH ARMANI  
CITY-ST-ZIP 1000 PONCE DE LEON BLVD., #327  
CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 700023922187  
10/20/03--01004--016 \*\*1050.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 700023922187  
10/20/03--01004--017 \*\*600.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Yishai Haydelstien*  
Signature and typed or printed name of signing officer or director

YISHAI HAYDELSTIEN

09-24-03

305-441-1999

Date

Daytime Phone #

CR2E034B (12/02)