

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90199 017 \*\*\*158.75

**DOCUMENT # 527608**

**1. Entity Name**  
**APPRAISAL AND REAL ESTATE ECONOMICS ASSOCIATES, INC.**

**Principal Place of Business**

**9400 S DADELAND BLVD  
 PENTHOUSE ONE  
 MIAMI FL 33156  
 US**

**Mailing Address**

**9400 S DADELAND BLVD  
 PENTHOUSE ONE  
 MIAMI FL 33156  
 US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-1729352**

Applied For

Not Applicable

**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**

**CANNON, MICHAEL Y  
 9400 S DADELAND BLVD  
 PENTHOUSE ONE  
 MIAMI FL 33156**

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, 2002 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** **V** ☐ Delete  
**NAME** **KATZ, JAY B.**  
**STREET ADDRESS** **9400 S DADELAND BLVD., PH1**  
**CITY-ST-ZIP** **MIAMI FL 33156**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **LIBREZZI, CINDY B.**  
**STREET ADDRESS** **9400 S. Dadeland Blvd., PH-1,**  
**CITY-ST-ZIP** **MIAMI, FL 33156**

**TITLE** **PD** ☐ Delete  
**NAME** **MICHAEL Y. CANNON**  
**STREET ADDRESS** **9400 S DADELAND BLVD PENTHOUSE ONE**  
**CITY-ST-ZIP** **MIAMI FL 33156**

**TITLE** ☒ Change ☐ Addition  
**NAME** **PH-1**  
**STREET ADDRESS** **PH-1**  
**CITY-ST-ZIP** **PH-1**

**TITLE** **V** ☐ Delete  
**NAME** **VALERA, JOSE E.**  
**STREET ADDRESS** **9400 S DADELAND, BLVD PH1**  
**CITY-ST-ZIP** **MIAMI FL 33156**

**TITLE** ☐ Change ☒ Addition  
**NAME** **STD**  
**STREET ADDRESS** **WIENER, WILLIAM**  
**CITY-ST-ZIP** **9400 S. Dadeland Blvd., PH-1**  
**MIAMI, FL 33156**

**TITLE** **V** ☐ Delete  
**NAME** **YEOMANS, DAVID BC JR**  
**STREET ADDRESS** **9400 S DADELAND BLVD PH1**  
**CITY-ST-ZIP** **MIAMI FL 33156**

**TITLE** ☒ Change ☐ Addition  
**NAME** **9400 S. Dadeland Blvd, PH-1**  
**STREET ADDRESS** **9400 S. Dadeland Blvd, PH-1**  
**CITY-ST-ZIP** **9400 S. Dadeland Blvd, PH-1**

**TITLE** **VD** ☐ Delete  
**NAME** **CANNON, MARK A.**  
**STREET ADDRESS** **9400 S DADELAND BLVD., PH1**  
**CITY-ST-ZIP** **MIAMI FL 33156**

**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE** ☐ Delete  
**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete

**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ 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:**

**SIGNATURE REQUIRED**  
**MICHAEL Y. CANNON, PRES.**

**4/24/02**

**305-670-0001**

Date

Daytime Phone #

CR2E034 (9/01)