

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 563266

1. Entity Name

INTERNATIONAL APPRAISAL ASSOCIATES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90384 038 ***150.00

Principal Place of Business **FORMER** Mailing Address **FORMER**
169 LINCOLN ROAD, STE 310 169 LINCOLN ROAD, STE 310
MIAMI BEACH FL 33139 MIAMI BEACH FL 33138-2836

NEW ADDRESS
2. Principal Place of Business **9345 NE 6 AVE** 3. Mailing Address **9345 NE 6 AVE**
Suite, Apt. #, etc. **302** Suite, Apt. #, etc. **302**

City & State **MIAMI SHORES FLA.** City & State **MIAMI SHORES FLA.**

Zip **33138** Country **USA** Zip **33138** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2114839** 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

DAVIDSON, EUGENE
169 LINCOLN RD., #310
MIAMI BEACH FL 33139

MOVED TO:
9345 NE 6 AVE
SUITE 302
MIAMI SHORES FLA.
33138

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 *Eugene Davidson* DATE **4-13-00**
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. ☐ **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	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIDSON, EUGENE		NAME		
STREET ADDRESS	169 LINCOLN RD., #310		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLAKE, A. H.		NAME		
STREET ADDRESS	169 LINCOLN RD., #310		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.

SIGNATURE: *Eugene Davidson* DATE **4-13-00** DAYTIME PHONE # **1-727-443-4423**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)