2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 08, 2002 8:00 am Secretary of State L69880 DOCUMENT # 1. Entity Name PREFERRED APPRAISAL SERVICES, INC. 04-08-2002 90063 011 ***150.00 Mailing Address Principal Place of Business 9012 SW 152 ST 9012 SW 152 ST MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0206973 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EXPOSITO, BARBARA Street Address (P.O. Box Number is Not Acceptable) 9012 SW 152 ST **MIAMI FL 33157** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election: Campaign Financing: \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition CR2E034 (9/01) TITLE TITLE ☐ Delete EXPOSITO, BARBARA NAME NAME 9012 SW 152 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP--Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY: ST-ZIP ☐ Change Addition ☐ Delete TITLE WLES \$5 (2) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z CITY-ST-7IP 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 aboraccurate 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 of itrustee empowered to execute his 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 first empowered.