

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90173 046 ***150.00

DOCUMENT # M26437

1. Entity Name
REAL ESTATE APPRAISERS AND CONSULTANTS, INC.

Principal Place of Business

Mailing Address

~~7917 NORTHWEST 8 STREET~~
~~P. O. BOX 45-1003~~
~~MIAMI FL 33126~~
 US

P. O. BOX 45-1003
 P. O. BOX 45-1003
 MIAMI FL 33245-1003
 US

2. Principal Place of Business

3. Mailing Address

1250 SW 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 500

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33135

US

4. FEI Number

59-2648914

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

LOPEZ, PEDRO A.
4550 SABAL PALM ROAD
MIAMI FL 33137

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSD
LOPEZ, PEDRO A.
4550 SABAL PALM ROAD
MIAMI FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO A. LOPEZ

Date

Daytime Phone #

4/16/01

305-631-9395

CR2E034 (10/00)