

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001135

FILED
Feb 21, 2012
Secretary of State

Entity Name: INSURANCE APPRAISAL AND UMPIRE ASSOCIATION, INC.

Current Principal Place of Business:

13499 BISCAYNE BLVD SUITE 107
N MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771565
CORAL SPRINGS, FL 33077

New Mailing Address:

FEI Number: 26-3887895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIERMAN, DAVID ESQ
13499 BISCAYNE BLVD SUITE 107
N MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BESSERMAN, ROBERT
Address: 13499 BISCAYNE BLVD SUITE 107
City-St-Zip: N MIAMI, FL 33181

Title: VP
Name: KOPPEN, ELLEN
Address: 13499 BISCAYNE BLVD SUITE 107
City-St-Zip: N MIAMI, FL 33181

Title: T
Name: SANTIAGO, RUBEN (DAVID)
Address: 13499 BISCAYNE BLVD SUITE 107
City-St-Zip: N MIAMI, FL 33181

Title: S
Name: HARTMAN, TIMOTHY
Address: 13499 BISCAYNE BLVD SUITE 107
City-St-Zip: N MIAMI, FL 33181

Title: D-BM
Name: FORMENTO, JORENEE
Address: 13499 BISCAYNE BLVD SUITE 107
City-St-Zip: N MIAMI, FL 33181

Title: D-BM
Name: MIDDLETON, PAUL
Address: 13499 BISCAYNE BLVD SUITE 107
City-St-Zip: N MIAMI, FL 33181

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORENEE FORMENTO

D-BM

02/21/2012

Electronic Signature of Signing Officer or Director

Date