

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038217

1. Entity Name

FLORIDA APPRAISAL ASSOCIATES, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90115 042 ***150.00

Principal Place of Business

1248 ROGERS STREET #1
CLEARWATER FL 33756

Mailing Address

1248 ROGERS STREET #1
CLEARWATER FL 33756

2. Principal Place of Business

10549 N. Florida Ave.
Suite L

3. Mailing Address

10549 N. Florida Ave.
Suite L

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA Florida

City & State

TAMPA Florida

Zip

33612

Country

US

Zip

33612

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3639836

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Eliu Castillo

Street Address (P.O. Box Number is Not Acceptable)

10549 N. Florida Ave.

Suite L

City

TAMPA

FL

Zip Code

33612

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

Eliu Castillo

Eliu Castillo
President

4/10/01

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 D ☐ Delete
NAME CASTILLO, ELIU
STREET ADDRESS 1248 ROGERS STREET #1
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☒ Change ☐ Addition
NAME 10549 N. Florida Ave.
STREET ADDRESS Suite L
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

Eliu Castillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
Eliu Castillo

Date

4/10/01

Daytime Phone #

CR2E034 (10/00)