2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90177 038 ***150.00

015100 AV

DOCUMENT # P00000045892

1. Entity Name
SOUTHCOAST APPRAISERS, INC.

Principal Place of Business	Mailing Address
16969 N.W. 67TH AVENUE SUITE 200 MIAMI FL 33015	16969 N.W. 67TH AVENUE SUITE 200 MIAMI FL 33015

2. Principal Place of Business	3. Mailing Address
8275 W. 12 Avenue	8275 W. 12 Avenue
Suite, Apt. #, etc. Suite 205	Suite, Apt. #, etc. Suite 205
City & State Hialeah FL	City & State Hialeah, FL
Zip 33014 Country	Zip 33014 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1007056 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MODIA, LUIS
16969 N.W. 67TH AVENUE
SUITE 200
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name MODIA LUIS
Street Address (P.O. Box Number is Not Acceptable) 8275 W 12 Avenue, Suite 205
City Hialeah FL Zip Code 33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] - Luis Modia 4/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MODIA, LUIS 16969 N.W. 67TH AVENUE, SUITE 200 MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8275 W. 12th Avenue, Ste 205 Hialeah, FL 33014	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANCHEZ-MODIA, MIRIAM 16969 N.W. 67TH AVENUE, SUITE 200 MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8275 W. 12th Avenue, Ste 205 Hialeah, FL 33014	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ [signature] Modia 4/6/03 (305) 820-6164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #