Apr-30-02 03:44P Fernand Lamothe C.A.

May 27, 2002 8:00 am
Secretary of State
05-27-2002 90503 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093614

1. Entity Name
SIGNATURE APPRAISAL INC.

671127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1881 NE 26TH STREET	1881 NE 26TH STREET
Suite, Apt. #, etc.: # 212	Suite, Apt. #, etc.: # 212
City & State: FORT LAUDERDALE FL	City & State: FORT LAUDERDALE FL
Zip: 33305 Country: USA	Zip: 33305 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1049334 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: YVONNE GOTHA
Street Address (P.O. Box Number is Not Acceptable): 4381 ROCK ISLAND ROAD
City: LAUDERHILL FL Zip Code: 33319

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	O
NAME	LOUSOJI OLUKOLU
STREET ADDRESS	601 NW 183 ST, STE 1A
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	P
NAME	YVONNE GOTHA
STREET ADDRESS	4381 ROCK ISLAND ROAD
CITY - ST - ZIP	LAUDERHILL, FL 33319
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Yvonne Gotha YVONNE GOTHA 04/30/2002 954-733-6625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F 1

Check # 1609 4/30/02