

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90226 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093614

1. Entity Name

SIGNATURE APPRAISAL INC.

DO NOT WRITE IN THIS SPACE

11034746

2. Principal Place of Business
4381 ROCK ISLAND ROAD
Suite, Apt. #, etc.

City & State
LAUDERHILL, FL
Zip
33319

Country

3. Mailing Address
4381 ROCK ISLAND ROAD
Suite, Apt. #, etc.

City & State
LAUDERHILL, FL
Zip
33319

Country

4. FEI Number
65-1049334

5. Certificate of Status Desired

Applied For
Not Applicable
\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to Florida Department of State

10. 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	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YVONNE GOTHA

YVONNE E GOTHA.

4/30/2003
Date

(954) 733-6625
Daytime Phone #