

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90423 022 \*\*\*150.00

DOCUMENT # **P01000004967**

1. Entity Name

**FIRST SERVICE APPRAISAL, INC.**

Principal Place of Business

Mailing Address

**13361 S.W. 50 STREET**  
**MIAMI, FLA 33175**

2. Principal Place of Business

3. Mailing Address

**13361 SW 50 STREET**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI, FLA**

Zip

Country

Zip

Country

**33175**

**MIAMI-DADE**

4. FEI Number

**65-1073736**

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

**WILLIAM ALCORTA, JR**  
**13361 S.W. 50th STREET**  
**MIAMI, FLA. 33175**

Name **ALEJANDRO ALCORTA**

Street Address (P.O. Box Number is Not Acceptable) **13361 S.W. 50 STREET**

City **MIAMI**

**FL**

Zip Code **33175**

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]*

Signature, typed or printed name of Registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/02**

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, 2000 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 **DIRECTOR** ☒ Delete  
NAME **WILLIAM ALCORTA, JR.**  
STREET ADDRESS **13361 S.W. 50th STREET**  
CITY-ST-ZIP **MIAMI, FLA. 33175**

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

TITLE **DIRECTOR** ☐ Delete  
NAME **ALEJANDRO ALCORTA**  
STREET ADDRESS **13361 S.W. 50th STREET**  
CITY-ST-ZIP **MIAMI, FLA. 33175**

TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition  
NAME **ALEJANDRO ALCORTA**  
STREET ADDRESS **13361 SW 50th STREET**  
CITY-ST-ZIP **MIAMI, FLA. 33175**

TITLE **DIRECTOR** ☐ Delete  
NAME **CRISTINA ALCORTA**  
STREET ADDRESS **13361 S.W. 50th STREET**  
CITY-ST-ZIP **MIAMI, FLA. 33175**

TITLE **VICE PRESIDENT/DIRECTOR** ☒ Change ☐ Addition  
NAME **CRISTINA ALCORTA**  
STREET ADDRESS **13361 S.W. 50th STREET**  
CITY-ST-ZIP **MIAMI, FLA. 33175**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**

**(305) 218-2393**

Date

Daytime Phone #