

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90057 011 \*\*\*150.00

**DOCUMENT # P01000005428**

1. Entity Name  
**COMPREHENSIVE VALUATION AND MANAGEMENT SERVICES, INC.**

Principal Place of Business  
**20756 SW 81ST PLACE**  
**MIAMI FL 33189**

Mailing Address  
**20756 SW 81ST PLACE**  
**MIAMI FL 33189**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**PO BOX 278287**

3. Mailing Address  
**PO BOX 278287**  
**MIAMI FL 33189**

City & State  
**MIRAMAR FL**

City & State  
**MIRAMAR, FL**

4. FEI Number  
**65-1069055**

Applied For  
 Not Applicable

Zip  
**33027**

Country  
**USA**

Zip  
**33027**

Country  
**USA**

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

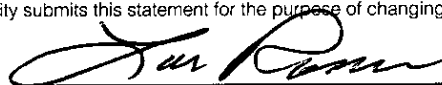
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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  DATE

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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD ROMANO, LOUIS J**  
**20756 SW 81ST PLACE**  
**MIAMI FL 33189**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD GONZALEZ, George M.**  
**394 SW 159 LN**  
**PEMBROKE PINES, FL 33027**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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

**2/7/02** **(305) 646-4149**  
 Date Daytime Phone #

CR2E034 (9/01)