

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90305 031 ***150.00

DOCUMENT # P01000017078

1. Entity Name
EXTREME APPRAISAL GROUP, INC.

Principal Place of Business
8540 SOUTHWEST 133RD AVENUE ROAD, UNIT 308
MIAMI FL 33183

Mailing Address
8540 SOUTHWEST 133RD AVENUE ROAD, UNIT 308
MIAMI FL 33183



2. Principal Place of Business
1257 W 72 Street

3. Mailing Address
1257 W 72 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah, Florida

City & State
Hialeah, Florida

4. FEI Number
65-1081738

Applied For
☐ Not Applicable

Zip
33014

Country
USA

Zip
33014

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Alexis Paredes

Street Address (P.O. Box Number is Not Acceptable)

1257 West 72 Street

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **4/5/02**

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, 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

TITLE **PD** ☐ Delete
NAME **PAREDES, ALEXIS**
STREET ADDRESS **8540 SOUTHWEST 133RD AVENUE ROAD, UNIT 308**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **V** ☐ Delete
NAME **PAREDES, SHARON**
STREET ADDRESS **8540 SOUTHWEST 133RD AVENUE ROAD, UNIT 308**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Paredes, Alexis**
STREET ADDRESS **1257 West 72 Street**
CITY-ST-ZIP **Hialeah, FL 33014**

TITLE **V** ☒ Change ☐ Addition
NAME **Paredes, Sharon**
STREET ADDRESS **1257 West 72 Street**
CITY-ST-ZIP **Hialeah, FL 33014**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 **305 231-8542**

Date

Daytime Phone #

CR2E034 (9/01)