

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90048 024 \*\*\*150.00

**DOCUMENT # P01000073740**

1. Entity Name  
**ACE APPRAISALS, INC.**



Principal Place of Business  
**15327 NW 60TH AVENUE  
SUITE 210  
MIAMI LAKES FL 33014-2499**

Mailing Address  
**15327 NW 60TH AVENUE  
SUITE 210  
MIAMI LAKES FL 33014-2499**

2. Principal Place of Business

**6195 NW 153RD ST**

3. Mailing Address

**6195 NW 153RD ST**

Suite, Apt. #, etc.

**Unit 115**

Suite, Apt. #, etc.

**Unit 115**

City & State

**MIAMI LAKES FL**

City & State

**MIAMI LAKES FL**

Zip

Country

**33014-2499**

Zip

Country

**33014-2499**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-1129821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, RODOLFO  
8787 NW 140TH LANE  
MIAMI FL 33018**

7. Name and Address of New Registered Agent

Name

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

**7270 POINCIANA COURT**

City

**MIAMI LAKES**

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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete  
NAME **HERNANDEZ, RODOLFO**  
STREET ADDRESS **8787 NW 140TH LANE**  
CITY-ST-ZIP **MIAMI FL 33018**

TITLE **VTD** ☐ Delete  
NAME **HERNANDEZ, ZOBEDA A**  
STREET ADDRESS **8787 NW 140TH LANE**  
CITY-ST-ZIP **MIAMI FL 33018**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7270 Poinciana Court**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7270 Poinciana Court**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Zobeda Alonso Hernandez** **Zobeda Alonso Hernandez** 03/28/03 (305) 362-9129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)