

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90037 008 ***150.00

DOCUMENT #

P01000086078

1. Entity Name

M.D.B. Auto Appraisal Services, Inc.

DO NOT WRITE IN THIS SPACE

427393

2. Principal Place of Business

2766 N.W. 62nd St

3. Mailing Address

P.O. Box 653038

Suite, Apt. #, etc.

Suite 111

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2447921

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33265-3038

Country

USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Nancy Ball-llovera

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

2766 N.W. 62nd Street

City

Miami

FL

Zip Code

33142

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, 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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P= Nancy Ball-llovera 2766 N.W. 62nd Street Miami, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V= Fernando A. Ball-llovera 2766 N.W. 62nd Street Miami, FL 33142
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Daytime Phone #

CR2E034B (12/01)