

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086078

1. Entity Name

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



FILED

04 JUL 19 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2766 NW 62nd St  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 653038  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FL  
Zip  
33142  
Country  
U.S.A.

4. FEI Number  
59-2447921  
Applied For  
Not Applicable

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  
FERNANDO A BAIL-NOVERA  
Street Address (P.O. Box Number is Not Acceptable)

2766 NW 62nd Street  
City  
MIAMI FL Zip Code  
33142

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 resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

## OFFICERS AND DIRECTORS

1. PRESIDENT FERNANDO A BAIL-NOVERA 2766 NW 62nd Street MIAMI FL 33142	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	600029405466 02/25/04-01071-012 **150.00
2. V. P. NANCY BAIL-NOVERA 2766 NW 62nd Street MIAMI FL 33142	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
3. SECRETARY	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
4. TREASURER	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
5. DIRECTOR	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
6. DIRECTOR	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
7. DIRECTOR	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
8. DIRECTOR	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information provided 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04

301-554-5555

July 15, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: M.D.B. Auto Appraisal Services, Inc. / Document #P01000086078

Dear Mr. Scott:

Thank you for helping us expedite the process of correcting our records.  
I have attached a copy of the Annual Report Form which was returned to us, confirming you had received \$150.00 deposit #600029405466. There was originally an error in the document number which I also corrected.

Please make sure you respond to me in writing to confirm the annual report and \$150.00 fee are reflected in the correct file P01000086078.

Should you have any questions, do not hesitate to contact me at (305) 562 1729. Thank you.

Sincerely,



Nancy Ball-Ilovera

Vice President

MDB Auto Appraisal