FILED
May 05, 2003 8:00 am
Secretary of State

04-16-2003 90176 032 ***150.00

55036462

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000072286

1. Entity Name
MASTER APPRAISALS CORP.

Principal Place of Business
3087 NW 123 AVE
SUNRISE FL 33323

Mailing Address
3087 NW 123 AVE
SUNRISE FL 33323

2. Principal Place of Business: 8358 W. OAKLAND PK. BLVD.
Suite, Apt. #, etc.: 202-B
City & State: SUNRISE
Zip: 33351
Country:

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 04 3694699 ☐ Applied For ☐ Not Applicable

Corporation #1 - Needs Missing #
Note:
My FEI Missing number is 9.
FEI = 04-3694699.
Thanks missing

6. Name and Address of Current Registered Ag[ent]

VILLANUEVA, VICTOR
3087 NW 123 AVE
SUNRISE FL 33323

8. The above named entity submits this statement for the purpose o[f] ... the obligations of registered agent.

SIGNATURE: ______
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE	P		TITLE		
NAME	VILLANUEVA, VICTOR		NAME		
STREET ADDRESS	3087 NW 123 AVE		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33323		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E03

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: [signature] VICTOR VILLANUEVA — 4-14-03 — 954-7495222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #