

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90101 007 ***150.00

DOCUMENT # P02000082735

1. Entity Name
APPRAISALS 'R' US, INC.



Principal Place of Business
**1181 SW 15 STREET
BOCA RATON FL 33486
US**

Mailing Address
**1181 SW 15 STREET
BOCA RATON FL 33486
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

501 NW 13 Avenue
Suite, Apt. #, etc.

501 NW 13 Avenue
Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip
33486

Country
USA

Zip
33486

Country
USA

4. FEI Number

13-4206192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, PATRICK
1181 SW 15 STREET
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **PATRICK PEREZ**

Street Address (P.O. Box Number is Not Acceptable)
501 NW 13 Ave

City

Boca Raton, FL

FL

Zip Code
33486

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

1/15/03

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, PHIL	
STREET ADDRESS	1181 SW 15 STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEREZ, PATRICK	
STREET ADDRESS	1181 SW 15 STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perez, Phil	
STREET ADDRESS	501 NW 13 Ave	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	S/N	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick Perez	
STREET ADDRESS	501 NW 13 Ave	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

Daytime Phone #

CR2E034 (10/02)