

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Sep 02, 2003 8:00 am
Secretary of State

08-14-2003 90067 008 ***150.00

DOCUMENT # P02000115011

1. Entity Name

SOUTHEAST APPRAISAL SERVICE, INC.



Principal Place of Business
**200 N.W. 25TH AVENUE
MIAMI FL 33125**

Mailing Address
**200 N.W. 25TH AVENUE
MIAMI FL 33125**

55055429



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

45-0489487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOLEDO, ODRACIR J
200 N.W. 25TH AVENUE
MIAMI FL 33125**

Name

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

City

FL

Zip Code

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
TOLEDO, ODRACIR J
200 N.W. 25TH AVENUE
MIAMI FL 33125** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TOLEDO, JOSE R
200 N.W. 25TH AVENUE
MIAMI FL 33125** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment # 55055429

PO2000118011

SOUTHEAST APPRAISAL SERVICE, INC.

200 N.W. 25TH Avenue

Miami, Florida 33125

TO : State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

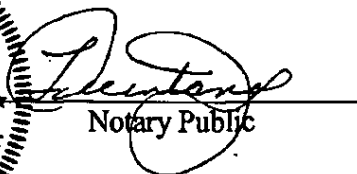
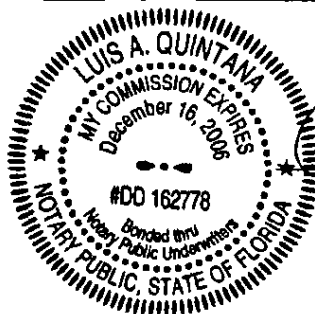
HEREBY WE CERTIFY that We never receive the Forms for Annual Report
For year 2003 and , on that base, We request from you waiver the penalty for
Late filing and enclose please find complete form with check, payable to your
Order for \$150.00. -----



Odracir J. Toledo

Sworn to and subscribed before me this

12 day of AUGUST, 2003.



Notary Public