

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008287

1. Entity Name
ARMADA APPRAISAL COMPANY

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90134 019 ***150.00

Principal Place of Business Mailing Address
7400 SW 75TH TERR. **7400 SW 75TH TERR.**
MIAMI FL 33143 **MIAMI FL 33143-4123**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
O'NAGHTEN, JUAN T
2665 S. BAYSHORE DRIVE
SUITE 1100
MIAMI FL 33133

7. Name and Address of New Registered Agent
Name **JORGE ARMADA**
Street Address (P.O. Box Number is Not Acceptable)
4011 W. FLAGLER STREET SUITE 501
City **MIAMI** **FL** Zip Code **33134-1638**

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]* **JORGE ARMADA** DATE **APRIL 18, 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PVPS	<input type="checkbox"/> Delete
NAME	ARMADA, ALBERT J	
STREET ADDRESS	7400 SW 75TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE *[Signature]* **ALBERT J. ARMADA** Date **4/17/00** Daytime Phone # **305 663-4166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)