

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90087 027 ***150.00

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1. Entity Name
 APPRAISERS OF FLORIDA, INC.

Principal Place of Business **Mailing Address**

2400 S.W. 83rd AVENUE THE SAME
 MIAMI, FL. 33155

2. Principal Place of Business **3. Mailing Address**

2400 S.W. 83 AVE. SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

MIAMI, FL. City & State

Zip **Country** **Zip** **Country**

33155 DADE City & State

4. FEI Number **Applied For**

65-0386146 ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FELIPE GONZALEZ-SARRAIN
 2400 S.W. 83 AVE.
 MIAMI, FL. 33155

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ **Signature, typed or printed name of registered agent and title if applicable.** (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. This corporation is eligible to satisfy its Intar grole

☐ **Tax filing requirement and elects to do so.** (See criteria on back) ☐

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FELIPE GONZALEZ-SARRAIN 2400 S.W. 83 AVE. MIAMI, FL. 33155	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **04/04/01 (305) 551-4555**

CR2E034 (9/99)