

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90944 033 ***150.00

DOCUMENT # P92000011920

1. Entity Name
APPRAISERS OF FLORIDA, INC.



Principal Place of Business
2400 SW 83RD AVENUE
MIAMI FL 33155

Mailing Address
2400 SW 83RD AVENUE
MIAMI FL 33155

2. Principal Place of Business
2775 W 61 ST

3. Mailing Address
PO BOX 160537

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State
HIALEAH FL

Zip
33016 **Country**
DADE

Zip
33016 **Country**
Dade



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-0386146**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SARRAIN, FELIPE G
2400 SW 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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **GONZALEZ-SARRAIN, FELIPE**
STREET ADDRESS **2400 SW 83RD AVENUE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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 19.07(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: *Felipe G. Sarrain*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/03
Date

(305) 551-4555
Daytime Phone #

CR2E034 (10/02)