## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Jun 29, 2001 8:00 am Secretary of State DOCUMENT # P92000015205 06-29-2001 90004 025 \*\*\*550.00 VALUATION ASSOCIATES REAL ESTATE GROUP, INC. Principal Place of Business Mailing Address 732 N. THORNTON AVE. 732 N. THORNTON AVE. e . St. L. 2 K. 8 . 8 . 1 ORLANDO FL 32803 ORLANDO FL 32803 3. Mailing Address P.O. BOX Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3153243 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KARABEDIAN, EDWARD P Box Number is Not Acceptable) 732 N. THORNTON AVE. ORLANDO FL 32803 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **□** Change ☐ Addition TITLE ☐ Delete TITLE KARABEDIAN, EDWARD P NAME NAME 6001 Vineland Road-Suite 121 STREET ADDRESS 732 N. THORNTON AVE. STREET ADDRESS Orlando, 7L 32819 CITY-ST-7IP CITY-ST-7IP ORLANDO FL TITLE ☐ Delete TITLE ☐ Addition MALDONADO, VINCENT NAME NAME 6001 Vineland Road = Suite121 STREET ADDRESS 732 N. THORNTON AVE. STREET ADDRESS Orlando, 7L 32819 CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAMĖ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 repeiver or trusted employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if