

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068447

1. Entity Name

INTEGRITY APPRAISAL SERVICES, INC.

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90082 035 ***150.00

Principal Place of Business

4630 N. UNIVERSITY DRIVE
STE. 446
CORAL SPRINGS FL 33607
US

Mailing Address

4630 N. UNIVERSITY DRIVE
STE. 446
CORAL SPRINGS FL 33607
US

2. Principal Place of Business

2046 N.W. 55TH AVE
Suite, Apt. #, etc. B109 F

3. Mailing Address

2046 NW 55TH AVE
Suite, Apt. #, etc. B109 F

City & State

MARGATE FL

City & State

MARGATE FL

4. FEI Number

65-0523421

Applied For

Not Applicable

Zip

33063

Country

BROWARD

Zip

33063

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERMAN, MICHAEL J.
5144 SPRING WAY
CORAL SPRINGS FL 33076
2046 NW 55TH AVE
MARGATE FL 33063

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 D
NAME BERNMAN, MICHAEL J
STREET ADDRESS 2046 NW 55th Ave
CITY-ST-ZIP MARGATE FL 33063
~~4630 N. UNIVERSITY DRIVE~~
~~CORAL SPRINGS FL 33067~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Helene Mac Quoma
NAME V.P.
STREET ADDRESS 8845 NW 39TH PL
CITY-ST-ZIP CORAL SPRINGS FL 33065
☐ Change ☒ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)