## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2000 8:00 am Secretary of State DOCUMENT # P9600002641 THE VALUATION GROUP, INC. 09-12-2000 90144 020 \*\*\*550.00 Principal Place of Business Mailing Address 3250 MARY ST. 2632 HOLLYWOOD BLVD **NUTUIUN** SUITE 103 **STE 302** HOLLYWOOD FL 33020 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address 8190 SW 81 DRIVE 105555W 10351 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE $m_{inm}$ City & State 4. FEI Number Applied For City & State 65-0660261 11001 Not Applicable M<u>rAM)</u> Country 33176 \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bueso MARTHA FREEMAN, LEWIS B Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET SUITE 103 MIAMI FL 33133 (BN) 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. 8-16-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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. Atter SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President Addition Delete TITLE O'ROURKE, MICHAEL DR. Robert E. Bueso MANE 2332 HOLLYWOOD BLVD., STE 302 8190 SW 81 Drive STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 MIAMI- F1 33143 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE MARTHA R. BUESO FRUUMAN, LEWIS B NAME NAME 10555 SW 10351 3250 MARK ST., STE 103 STREET ADDRESS STREET ADDRESS MIAMI- F/ MIAMI FL 33133 CITY-ST-ZIP CITY-ST-ZIF TITLE Addition TITLE Delete Delete O'RÔUKE, LYNN NAME 2332 HOLLYWOOD BLVD., STE 302 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change | ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.