2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000027682

Entity Name: MOREX APPRAISAL SERVICES CORPORATION

FILED Mar 02, 2002 8:00 AM Secretary of State

4500 005		usiness:	New Principal Place	New Principal Place of Business:	
	PERA AVE. GABLES, FL 33134	US			
Current I	Mailing Address:		New Mailing Addres	ss:	
	PERA AVE. BABLES, FL 33134	US			
FEI Numbe	r: 65-0654974 FE	Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of Curre	nt Registered Agent:	Name and Address	of New Registered Agent:	
1526 SOF CORAL G	O, EMILIO F II PERA AVE. GABLES, FL 33134	US			
	e named entity subm te of Florida.	its this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	IDE:				
	IKE.				
		gnature of Registered Ag	ent	 Date	
	Electronic Signation is eligible to satis	fy its Intangible Tax filing red	ent quirement and elects to do so (X).	Date	
Election Ca	Electronic Signation is eligible to satis	fy its Intangible Tax filing red t Fund Contribution ().	quirement and elects to do so (X).	Date GES TO OFFICERS AND DIRECTORS:	
Election Ca	Electronic Signation is eligible to satis ampaign Financing Trus	fy its Intangible Tax filing red t Fund Contribution (). S: e II	quirement and elects to do so (X).		
Election Ca OFFICER Title: Name: Address:	Electronic Signation is eligible to satist impaign Financing Trusts SAND DIRECTOR: PCST () Delet MASCARO, EMILIO F 1526 SOPERA AVEN	fy its Intangible Tax filing red t Fund Contribution (). S: e 	quirement and elects to do so (X). ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIO F MASCARO II P 03/02/2002