

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90013 017 ***158.75

DOCUMENT # P96000061862

1. Entity Name

CITYWIDE APPRAISAL, INC.

Principal Place of Business

**1275 NW 159 AVENUE
PEMBROKE PINES FL 33028
US**

Mailing Address

**P. O. BOX 824861
SOUTH FLORIDA FL 33082-4861
US**

2. Principal Place of Business

1275 NW 159 AVE

Suite, Apt. #, etc.

PEMBROKE PINES

City & State

PEMBROKE PINES, FLORIDA

Zip

33028

Country

U.S.A.

3. Mailing Address

P.O. BOX 824861

Suite, Apt. #, etc.

City & State

SOUTH FLORIDA, FLORIDA

Zip

33082-4861

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0690071

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLER, MARITZA
1275 NW 159 AVE
PEMBROKE PINES FL 33028**

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.

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	WALLER, EDWARD	
STREET ADDRESS	1275 N.W. 159 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WALLER, MARITZA	
STREET ADDRESS	1275 N.W. 159 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

02/01/2000

Date

(954) 704-4097

Daytime Phone #