

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90022 040 ***158.75

0494266

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****718526**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1275 NW 159 AVE

Suite, Apt. #, etc.

3. Mailing Address

15841 PINES BLVD.

Suite, Apt. #, etc.

124

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33028

Country

U.S.A.

Zip

33028

Country

U.S.A.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, 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	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
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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		
STREET ADDRESS		
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STREET ADDRESS		
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

02/16/2001

Date

(954) 304-4093

Daytime Phone #

CR2E034 (10/00)