

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000061862

1. Entity Name

CITYWIDE APPRAISAL, INC.

APPROVED
AND
FILED

03 MAR 12 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2002-2003 UBR

2. Principal Place of Business
3731 SW 195TH AVENUE
Suite, Apt. #, etc.

3. Mailing Address
3731 SW 195TH AVENUE
Suite, Apt. #, etc.

City & State
MIRAMAR FL

City & State
MIRAMAR FL

4. FEI Number
65-0690071

Applied For
Not Applicable

Zip
33029

Country
USA

Zip
33029

Country
USA

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

7. Name and Address of Current Registered Agent

Name
WALLER, MARITZA

Street Address (P.O. Box Number is Not Acceptable)
3731 SW 195th AVENUE

City
MIRAMAR

FL

Zip Code
33029

**DO NOT WRITE
IN THIS SPACE**

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)

02/28/2003
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WALLER, EDWARD
3731 SW 195th AVENUE
MIRAMAR, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**200014684362
03/25/03--01068--009 **300.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSTD
WALLER, MARITZA
3731 SW 195th AVENUE
MIRAMAR, FL 33029**

TITLE
NAME
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CITY - ST - ZIP

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X EDWARD WALLER

3/12/03

Date

(954) 704-4097

Daytime Phone #

CR2E034B (12/01)