2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700001786 1. Entity Name							Secretary of State			
SOUTH F	LORIDA APPRAISAL SO	URCE	, INC.				04-17-2002 90061	014 ***150	0.00	
Principal Place of Business 1836 S.W. 143RD COURT MIAMI FL 33175			Mailing Address 1836 S.W. 143RD COURT MIAMI FL 33175							
2. Principal Place of Business			3. Mailing Address			\dashv	7 10021081 128 15377 18842 8872 0 7 231 60 317 38			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. F	4. FEI Number of Oroccos Applied For			
							65-0722800	No.	ot Applicable	
Zip Country			Zip Country			5. C	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
MUXO, PAUL										
1836 S.W. 143RD COURT					Street Address (R.O. Box Number is Not Acceptable)					
MIAMI FL 33175 👙										
					City		F	Zip Cod	je	
8. The above	named entity submits this stateme	nt for th	e purpose of changing its	register	ed office or reg	istered age	ent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered	-			d Agent signature rec	quired when rei	instating) DA	TE		
9. This corporation is eligible to satisfy its Intange Tax filing requirement and elects to do so. (See criteria on back) 1. This corporation is eligible to satisfy its Intange (See criteria on back) 1. This corporation is eligible to satisfy its Intange (See criteria on back)			FILE NOW!!! FEE IS \$15 After May 1, 2002 Fee will be Make Check Payable to Departm				10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS A	AND DIF		12.		AD	DITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11	
TITLE NAME	PD MUXO, PAUL		☐ Delete	TITLI NAM				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1836 S.W. 143RD COURT MIAMI FL 33175				ET ADDRESS -ST-ZIP					
TITLE	VD		☐ Delete	TITLE		-		☐ Change	Addition	
NAME	MUXO, ADELA			NAM	-			_ •		
STREET ADDRESS CITY-ST-ZIP	1836 S.W. 143RD COURT MIAMI FL 33175			III .	ET ADDRESS -ST-ZIP				J	
TITLE	THE WILL STORY		□ Delete	TITL				☐ Change	Addition	
NAME				NAM				- •		
STREET ADDRESS CITY-ST-ZIP				Ш	ET ADDRESS - ST-ZIP					
TITLE			Delete	ПТЦ				☐ Change	Addition	
NAME]] NAM	1			_ •	_	
STREET ADDRESS CITY,-ST-ZIP				III.	ET ADDRESS - ST- ZIP					
TITLE			□ Delete	TITLE				☐ Change	☐ Addition	
NAME			□ Delete	NAM						
STREET ADDRESS				III.	ET ADDRESS					
CITY-ST-ZIP				-11	-ST-ZIP					
TITLE NAME			☐ Delete	TITLE NAM				☐ Change	☐ Addition	
STREET ADDRESS	}			ll l	ET ADDRESS				}	
CITY-ST-ZIP			····		-ST-ZIP					
13. hereby (certify that the information supplied	with this	s filing does not qualify for	the exe	mption stated in	Section 1	19.07(3)(i), Florida Statutes. I further	certify that the in	nformation	

indicated on this report or supplemental report is true and accurate and accurate 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: