

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101995

1. Entity Name

N. Z. APPRAISALS, INC.

FILED

Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90091 018 ***150.00

Principal Place of Business 5750 N. ANDREWS AVE FT. LAUDERDALE FL 33309 US	Mailing Address 5750 N. ANDREWS AVE FT. LAUDERDALE FL 33309 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0800600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PINNELL, NORMA (new married name) 80 N.W. 47TH ST. FT. LAUDERDALE FL 33309 marriage license attached	7. Name and Address of New Registered Agent Name NORMA Gallego Street Address (P.O. Box Number is Not Acceptable) 5750 N. ANDREWS AVE Fort Lauderdale FL 33309 City FT Zip Code
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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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PINNELL, NORMA 80 N.W. 47TH ST. FT. LAUDERDALE FL 33309			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Gallego, Norma 5750 N. ANDREWS AVE Fort Lauderdale FL 33309			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (10/00)

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Attachman
B 007383

(STATE FILE NUMBER)

P97000101995
MAR 22 2000

DATE RETURNED: ...

RECORDED: BOOK 333 PAGE 1255

ED KENNEDY, CLERK OF COURT

BY ...SV..., DEPUTY CLERK

ML-CE-00-002632

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) JOSE THOMAS GALLEGO			2. DATE OF BIRTH (Month, Day, Year) APR 07, 1950		
3a. RESIDENCE - CITY, TOWN, OR LOCATION FT LAUDERDALE		3b. COUNTY BROWARD		3c. STATE FLORIDA	
4. BIRTHPLACE (State or Foreign Country) COLOMBIA			5. MAIDEN SURNAME (If different) ZETINA		
5a. BRIDE'S NAME (First, Middle, Last) NORMA DEL CARMEN PINNELL			6. DATE OF BIRTH (Month, Day, Year) SEP 15, 1960		
7a. RESIDENCE - CITY, TOWN, OR LOCATION FT LAUDERDALE		7b. COUNTY BROWARD		7c. STATE FLORIDA	
8. BIRTHPLACE (State or Foreign Country) MEXICO					

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Jose Thomas Gallego</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAR 16, 2000	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Kamila Radonova</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Norma del Carmen Pinnell</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAR 16, 2000	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Kamila Radonova</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE BROWARD		18. DATE LICENSE ISSUED MAR 16, 2000		19a. DATE LICENSE EFFECTIVE MAR 19, 2000		19. EXPIRATION DATE MAY 17, 2000	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Kamila Radonova</i>				20b. TITLE DEPUTY CLERK		20c. BY D.C.	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) MARCH 20, 2000		22. CITY, TOWN, OR LOCATION OF MARRIAGE FORT LAUDERDALE	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Kamila Radonova</i>		23c. ADDRESS (Of person performing ceremony) 201 S.E. 6TH STREET, FT LAUDERDALE, FL	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) KAMILA RADONOVA DEPUTY CLERK/BROWARD COUNTY		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Anna Luis Lee</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Carlos Bonta</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

