

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006683

1. Entity Name

APPRAISAL AND VALUATION, INC

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90152 033 ***550.00

Principal Place of Business

2315 PINE TREE DRIVE #109
MIAMI BEACH FL 33140

Mailing Address

2315 PINE TREE DRIVE #109
MIAMI BEACH FL 33140

2. Principal Place of Business

1045 10th St #701

3. Mailing Address

1045 10th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#701

City & State
Miami Beach, FL

City & State
Miami Beach FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0812014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBBINS & LANDINO, P.A.
222 SOUTHEAST 10TH STREET
FORT LAUDERDALE FL 33316

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME PACE, MARK
STREET ADDRESS 2315 PINE TREE DRIVE #109
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME ~~PA~~ Pace, Mark
STREET ADDRESS 1045 10th St #701
CITY-ST-ZIP Miami Beach FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Mark Pace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-00

Date

305-992-8900

Daytime Phone #