FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90113 007 ***158.75

DOCUMENT # P98000034123

1. Entity Name
APPRAISAL SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13501 SW 128 STREET
Suite, Apt. #, etc.
104
City & State
MIAMI, FL.
Zip 33186 Country MIAMI-DADE

3. Mailing Address
Suite, Apt. #, etc.
SAME
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65 0830859
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name RAMON BERMUDEZ
Street Address (P.O. Box Number is Not Acceptable)
15070 SW 103 LANE #2105
City MIAMI FL Zip Code 33196

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] RAMON BERMUDEZ, PRES. 4/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT (P)
NAME	RAMON BERMUDEZ.
STREET ADDRESS	15070 SW 103 LANE #2105
CITY-ST-ZIP	MIAMI, FL. 33196.
TITLE	SECT. / TREASURER (S/T)
NAME	YADIRA BERMUDEZ
STREET ADDRESS	15070 SW 103 LANE #2105
CITY-ST-ZIP	MIAMI, FL 33196.
TITLE	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] RAMON BERMUDEZ 4/11/03 (305)969-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #