. 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P98000059609 Jul 19, 2000 8:00 am 1. Entity Name WALL STREET APPRAISAL SERVICES, INC. **Secretary of State** 07-19-2000 90015 008 ***150.00 Principal Place of Business Mailing Address 9E20 SW 142ND COURT 9620 SW 142ND COURT MIAMI FL 33186 **MIAMI FL 33186** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0849964 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, CARLOS E CPA Street Address (P.O. Box Number is Not Acceptable) 11430 N KENDALL DR STE 225 MIAMI FL 33176 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD Change Addition TITLE ☐ Delete TITI F OTERO, GUSTAVO NAME NAME 9620 SW 142ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE QUINTANILLA, LOURDES NAME 14534 SW 56TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33183 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

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Principal Place of Business		Mailing Address			030103395				
9620 SW 142ND COURT MIAMI FL 33186		9620 SW 142ND COURT MIAMI FL 33186-1178							
2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							
City & State		City & State		4. FE	El Number 65-084996 4	1		plied For t Applicable	
Zip	Country	Zip	Count	ry	5 . C	ertificate of Status Desired		8.75 Addi	
	6. Name and Address of Curre	nt Registered Agent	<u></u>		7. Na	ame and Address of New R			
	6. Name and Address of Cure	nt neglistered Agent		Name					
GARCIA, CARLOS E CPA				Street Address (P.O. Box Number is Not Acceptable)					
11430 N KENDALL DR STE 225								_	
MIAM	II FL 33176			City			FL	Zip Code	
	named entity submits this statement	 		<i>(C)</i>		at as both in the State of Flo			
Tax filling re	oration is eligible to satisfy its Intangi equirement and elects to do so. ia on back)	After MAY 1, 2	000 Fee	will be \$550.0	O 🌣 📑	10. Election Campaign Fin Trust Fund Contribution	n. 🗆	Added	May Be to Fees
11.	OFFICERS AN	ND DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFF		DIRECTORS Change	S IN 11
TITLE NAME STREET ADDRESS	OTERO, GUSTAVO 9620 SW 142ND COURT	☐ Delete						Cilinige	
CiTY-ST-ZiP	MIAMI FL 33186	☐ Delete	TITLE					Change	Addition
NAME STREET ADORESS	QUINTANILLA, LOURDES 14534 SW 56TH TERRACE			E Et adoress -St-zip					
CITY-ST-ZIP	MIAMI FL 33183	☐ Delete	TITL					Change	☐ Addition }
NAME STREET ADDRESS	,			E EET ADDRESS - ST-ZIP					
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TITLE NAME		□ Deigle	NAN	L					
STREET ADDRESS	1		CITY	(-ST-7IP			17.00	alfer blane sha	information
13. I hereby	certify that the information supplied to this report or supplemental reports of the su	with this filing does not qualify	for the exe	emption stated in	n Section	119.07(3)(i), Florida Statutes legal effect as if made under	. I further cer oath; that I a	iny that the temporary	r or director
indicated	certify that the information supplied I on this report or supplemental reporation or the receiver or trustee e I, or on an attachment with an addre	monwered to execute this repo	ort as requ	ired by Chapter	607, Flori	da Statutes; and that my nan	,		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR