

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093177

1. Entity Name

RESIDENTIAL APPRAISERS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90097 010 ***150.00

Principal Place of Business

5900 SW 73RD STREET
#205
MIAMI FL 3313

Mailing Address

5900 SW 73RD STREET
#205
MIAMI FL 33143-5161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0872758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, RENE
16255 SW 82 AVE.
MIAMI FL 33157

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 \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME P
STREET ADDRESS GARCIA, RENE
CITY-ST-ZIP 16255 SW 82 AVE.
MIAMI FL 33157

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

TITLE ☐ Delete
NAME T
STREET ADDRESS GARCIA, THELMA Y
CITY-ST-ZIP 16255 SW 82 AVE.
MIAMI FL 33157

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

TITLE ☒ Delete
NAME V CAMPOSANO FRANCISCO R.
STREET ADDRESS CAMPOSANO, FRANCISCO R
CITY-ST-ZIP 7520 SW 107 AVE. #6 208
MIAMI FL 33173

TITLE ☒ Change ☐ Addition
NAME CAMPOSANO, FRANCISCO R.
STREET ADDRESS 3060 MATILDA STREET
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☒ Delete
NAME T
STREET ADDRESS CAMPOSANO, LILIAN J
CITY-ST-ZIP 7520 SW 107 AVE. #6 208
MIAMI FL 33173

TITLE ☐ Change ☐ Addition
NAME CAMPOSANO, LILIAN J.
STREET ADDRESS 3060 MATILDA STREET
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00 (305) 643-0060
Date Daytime Phone #

CR2E034 (9/99)