

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000093177**

1. Entity Name

RESIDENTIAL APPRAISERS, INC.**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90024 047 ***150.00

Principal Place of Business

**5900 SW 73RD STREET
#205
MIAMI FL 3313**

Mailing Address

**5900 SW 73RD STREET
#205
MIAMI FL 3313**

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, 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 | P | <input type="checkbox"/> Delete |
| NAME | GARCIA, RENE | |
| STREET ADDRESS | 16255 SW 82 AVE. | |
| CITY-ST-ZIP | MIAMI FL 33157 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | GARCIA, THELMA Y | |
| STREET ADDRESS | 16255 SW 82 AVE. | |
| CITY-ST-ZIP | MIAMI FL 33157 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | CAMPOSANO, FRANCISCO | |
| STREET ADDRESS | 3060 MATILOA STREET | |
| CITY-ST-ZIP | MIAMI FL 33133 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAMPOSANO, FRANCISCO | |
| STREET ADDRESS | 3060 MATILDA STREET | |
| CITY-ST-ZIP | MIAMI FL 33133 | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CAMPOSANO, LILIAN J | |
| STREET ADDRESS | 3060 MATILDA STREET | |
| CITY-ST-ZIP | MIAMI FL 33133 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Date

(305) 663-0060

Daytime Phone #

CR2E034 (10/00)