

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90050 041 \*\*\*150.00

**DOCUMENT # P98000093177**

1. Entity Name  
**RESIDENTIAL APPRAISERS, INC.**

Principal Place of Business

**5900 SW 73RD STREET**  
**#205 102**  
**MIAMI FL 3313**

Mailing Address

**5900 SW 73RD STREET**  
**#205 102**  
**MIAMI FL 3313**

2. Principal Place of Business

**5900 SW 73RD ST.**  
 Suite, Apt. #, etc.  
**# 102**

City & State  
**MIAMI FL.**

Zip Country  
**33143**

3. Mailing Address

**5900 SW 73RD ST.**  
 Suite, Apt. #, etc.  
**# 102**

City & State  
**MIAMI FL.**

Zip Country  
**33143**



DO NOT WRITE IN THIS SPACE

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

**GARCIA, RENE**  
**16255 SW 82 AVE.**  
**MIAMI FL 33157**

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 1/22/02  
 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, 2002 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

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **GARCIA, RENE**  
 CITY-ST-ZIP **16255 SW 82 AVE.**  
**MIAMI FL 33157**

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

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **CAMPOSANO, FRANCISCO**  
 CITY-ST-ZIP **3060 MATILDA ST**  
**MIAMI FL 33133**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **CAMPOSANO, LILIAN J**  
 CITY-ST-ZIP **3060 MATILDA STREET**  
**MIAMI FL 33133**

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 ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **8504 S.W. 81 TERRACE**  
 CITY-ST-ZIP **MIAMI FL. 33143**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **8504 S.W. 81 TERRACE**  
 CITY-ST-ZIP **MIAMI FL. 33143**

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

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

TITLE ☐ Change ☐ Addition  
 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/02 305 6630060**  
 Date Daytime Phone #

CP2E034 (9/01)