

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001032

1. Entity Name

ALL DADE APPRAISALS, INC.

Principal Place of Business

15600 SW 288TH ST., SUITE 310
HOMESTEAD FL 33033

Mailing Address

15600 SW 288TH ST., SUITE 310
HOMESTEAD FL 33033-1200

2. Principal Place of Business

27730 SW 164th Ct.

3. Mailing Address

27730 S.W. 164th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

4. FEI Number

65-0887266

Applied For

Not Applicable

Zip

33031

Country

USA

Zip

33031

Country

USA

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

GUEST, JAMES M

15600 SW 288TH ST., SUITE 310
HOMESTEAD FL 33033

Name

Guest, James M. P.A.

Street Address (P.O. Box Number is Not Acceptable)

15600 S.W. 288 Street

Suite #201

City

Homestead

FL

Zip Code

33033

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]

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	PTD	<input type="checkbox"/> Delete
NAME	REDDEN, COLIN	
STREET ADDRESS	27730 SW 164TH CT.	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MITCHELL, ALETHA	
STREET ADDRESS	27730 SW 164TH CT.	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00
Date

786 493 9168
Daytime Phone #

CR2E034 (9/99)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90076 010 ***150.00



DO NOT WRITE IN THIS SPACE