

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90136 039 ***150.00

DOCUMENT # P99000002099

Entity Name
EADY APPRAISALS, INC.

Principal Place of Business
750 N 29TH AVE. SUITE 120
HOLLYWOOD FL 33020

Mailing Address
2750 N 29TH AVE. SUITE 120
HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

Principal Place of Business 700 N. 29 AVE.	3. Mailing Address 2700 N. 29 AVE.
Suite, Apt. #, etc. 109	Suite, Apt. #, etc. 109

City & State HOLLYWOOD FL	City & State HOLLYWOOD FL
Zip 33020	Zip 33020
Country USA	Country USA

4. FEI Number **65-0888029**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TEMPKINS, HARRY
420 LINCOLN RD, SUITE 258
MIAMI BEACH FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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**

1. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	DAKROUB, HASSAN	3301 N 41ST CT HOLLYWOOD FL 33021					
FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ANDREA, PHILIP R	3701 N COUNTRY CLUB DRIVE #707 AVENTURA FL 33180					
FILE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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: **PHILIP R. ANDREA** **PRESIDENT** **2/6/02** **954-925-2177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)