

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-21-2004 90011 001 ***150.00
02-09-2004 90038 042 ***150.00
P99000002099

DOCUMENT # P99000002099

1. Entry Name

READY APPRAISALS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2700 N. 29 AVE.

Suite, Apt. #, etc.

SUITE 109

City & State

HOLLYWOOD, FL 33020

Zip

33020

Country

BROWARD

3. Mailing Address

2700 N. 29 AVE.

Suite, Apt. #, etc.

SUITE 109

City & State

HOLLYWOOD, FL 33020

Zip

33020

Country

BROWARD

4. FEI Number

65-0888029

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name TEMPKINS, HARRY

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

420 LINCOLN RD # 258City MIAMI BEACH FL 33139DO NOT WRITE
IN THIS SPACE

8. The above named entry 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 his or her position

(NOTE: Reg agent's signature required when changing)

Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$200.00
Authorized UBR fee \$97.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 may be
Added to Fee

11.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D
DAKROUB, HASSAN
3301 N. 41st CT.
HOLLYWOOD, FL 33021

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D
ANDREA, PHILIP R.
3701 N. COUNTRY CLUB DR. - #707
AVENTURA, FL 33180

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, unless otherwise indicated.

SIGNATURE:

PHILIP R. ANDREA
1-16-04 954-925-2179

SIGNATURE AND PRINTED NAME OF OFFICER, DIRECTOR OR RECEIVER

Date

Date of Filing

1/16/04