

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90026 011 ***150.00

DOCUMENT # P00000007014

1. Entity Name
5TH AVENUE BUILDING INSPECTIONS, INC.

Principal Place of Business
7456 LIVERPOOL CT
BOYNTON BEACH FL 33437
US

Mailing Address
7456 LIVERPOOL CT
BOYNTON BEACH FL 33437
US

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 65-0976048

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

CABALLERO, JOEY
7456 LIVERPOOL CT
BOYNTON BEACH FL 33437

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 Joey Caballero Pres. DATE 1/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CABALLERO, JOEY	
STREET ADDRESS	7456 LIVERPOOL CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CABALLERO, CATHY	
STREET ADDRESS	7456 LIVERPOOL CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID MCCABE	
STREET ADDRESS	7456 Liver Pool Ct	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDE MACKAY	
STREET ADDRESS	7456 Liver Pool Ct	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL STEFFEN	
STREET ADDRESS	7456 Liver Pool Ct	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT ERVIN	
STREET ADDRESS	7456 Liver Pool Ct	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHY	
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

1/15/02 561-369-5363

Date Daytime Phone #

CR2E034 (9/01)