2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P94000065371** DARN QUICK-INSPECTION: SERVICES, CORP. 04-18-2000 90154 020 ***158.75 Mailing Address Principal Place of Business 10565-SW-28TH-STREET 10505 SW 26TH STREET MIAMI FL 33165-2542 MIAMI FL 33165 US HS 2. Principal Place of Business 3. Mailing Address P.O. BOX 441250 14142 SW 120CT DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number 65-0525742 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name LINARES, ROBERTO G LINARES, ROBERTO G Street Address (P.O. Box Number is Not Acceptable) -1850-SW-125 COURT CORRECT **MIAMI FL 33175** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE LINARES: ROBERTO G NAME NAME: STREET ADDRESS STREET ADDRESS -10565-SW-26TH-STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

her like empowered.

E OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF PRINTED NAME

305-2218232

Daytime Phone #