

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90168 023 ***150.00

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1. Entity Name
WORLD CLASS HOME INSPECTIONS INC.



Principal Place of Business
P. O. BOX 680880
MIAMI FL 33168

Mailing Address
P. O. BOX 680880
MIAMI FL 33168

2. Principal Place of Business
P.O. Box 680880
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 680880
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip
33168
Country
USA

City & State
MIAMI FL
Zip
33168
Country
U.S.A

4. FEI Number 52-2291579

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FELICIANO, EUGENE
725 NE 166 ST. #2
MIAMI FL 33162

7. Name and Address of New Registered Agent

Name FELICIANO, EUGENE
Street Address (P.O. Box Number is Not Acceptable) 725 N.E. 166 ST #2
City MIAMI **FL** **Zip Code** 33162

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eugene Feliciano*

Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	FELICIANO, EUGENE	
STREET ADDRESS	725 NE 166 ST. #2	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

9/3/03 305.947.4971
Date **Daytime Phone #**

CR2E034 (10/02)