

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED
FILED

03 DEC -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F44043

1. Entity Name

BEST BUILDING INSPECTION SERVICE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2780 NE 16TH ST

3. Mailing Address

2780 NE 16TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number 59-2128211

Applied For
Not Applicable

Zip
33062

Country

Zip
33062

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MIFSUD, JACQUES ROBERT

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

2780 NE 16TH ST

City POMPANO BEACH

FL

Zip Code
33062

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

11/22/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------------------------|-----------------|-------------------------|
| VD | MIFSUD, GISELE | 2780 NE 16TH ST | POMPANO BEACH, FL 33062 |
| P | MIFSUD, JACQUES ROBERT | 2780 NE 16TH ST | POMPANO BEACH, FL 33062 |
| S | MIFSUD, PIERRE | 2780 NE 16TH ST | POMPANO BEACH, FL 33062 |
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700025086987
12/01/03--01012--006 **\$61.25

**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)(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 on an attachment with an address, with all other like employed.

SIGNATURE:

PRESIDENT

11/22/03

(954) 786-0455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)