

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90028 013 \*\*\*150.00

**DOCUMENT # F97000006462**

1. Entity Name

**MASS HOME INSPECTIONS AND TECHNICAL SERVICES, IN**

Principal Place of Business

1690 N.E. 16 AVE., BOX 13  
 GAINESVILLE FL 32601

Mailing Address

1690 N.E. 16 AVE., BOX 13  
 GAINESVILLE FL 32601

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 **58-2066815**

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

**AJLANI, SAFWAN S**  
**1690 N.E. 16 AVE., BOX 13**  
**GAINESVILLE FL 32601**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 **PCD** ☐ Delete  
 NAME **AJLANI, SAFWAN S**  
 STREET ADDRESS **1690 N.E. 16 AVE. BOX 13**  
 CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE **S** ☐ Delete  
 NAME **SHEIKH, NAZIR**  
 STREET ADDRESS **202 KESTWICK DRIVE WEST**  
 CITY-ST-ZIP **MARTINEZ GA**

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

TITLE **VP** ☐ Delete  
 NAME **AJLANI, ABDULILAH SAID**  
 STREET ADDRESS **414 CRAWFORD ST.**  
 CITY-ST-ZIP **EBENSBURG PA 15931**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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

Date

Daytime Phone #

**SAFWAN S. AJLANI**

**2-16-01**

**352 375 2958**

CR2E034 (10/00)

**MASS Home Inspections and Teehcnical Services Inc**

the Professionals

1690 N.E. 16 Avenue Gainesville, FL 32601

Phone / Fax 352-375-2958

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

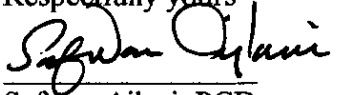
1 March 2001

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Reference: F97000006462

This letter is to requesting the return of check number **123** drawn on bank of Wachovia,  
Atlanta, GA 30383

Respectfully yours



Safwan Ajlani, PCD  
MASS, Inc.



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

*Doc # F97000006462*

February 22, 2001

MASS HOME INSPECTIONS AND TECHNICAL SERVICES, INC.  
1690 N.E. 16 AVE., BOX 13  
GAINESVILLE, FL 32601

Subject: **MASS HOME INSPECTIONS AND TECHNICAL SERVICES, INC.**

Reference **F97000006462**  
Number:

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

? { To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sb

ANNUAL REPORTS SECTION