

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003983

1. Entity Name

MIAMI DADE HOME INSPECTORS ASSOCIATION INC.

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90005 050 ****61.25

Principal Place of Business

8756 SW 214 TERRACE
MIAMI FL 33189

Mailing Address

8756 SW 214 TERRACE
MIAMI FL 33189

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 970578

City & State

City & State

MIAMI FL

Zip

Country

Zip

33197

Country

U.S.

4. FEI Number

65-1117053

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

COLLAZO, PEDRO
8465 SW 185 TERRACE
MIAMI FL 33159

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LOPEZ, CARLOS L
STREET ADDRESS 8756 SW 214 TERRACE
CITY-ST-ZIP MIAMI FL 33189 ☐ Delete

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

TITLE VD
NAME MATOS, BILL
STREET ADDRESS 12249 SW 250 ST
CITY-ST-ZIP HOMESTEAD FL 33032 ☐ Delete

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

TITLE STD
NAME CALLAZO, PEDRO
STREET ADDRESS 8465 SW 185 TERR
CITY-ST-ZIP MIAMI FL 33159 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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 617, 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: Pedro Collazo Pedro Collazo 02-25-02 305-801-3903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)