

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90445 034 ***150.00

DOCUMENT # P00000051634

1. Entity Name

OLV INSPECTION SERVICES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

424 Lakeside Circle

Suite, Apt. #, etc.

City & State

Sunrise, Florida

Zip
33326-2212

Country

3. Mailing Address

424 Lakeside Circle

Suite, Apt. #, etc.

City & State

Sunrise, Florida

Zip

33326-2212

Country

4. FEI Number

65-1013035

Applied For

Not Applicable

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

Valdes, Osvaldo L.

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

424 Lakeside Circle

City

Sunrise

FL

Zip Code

33326

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PST	Osvaldo L. Valdes	424 Lakeside Circle	Sunrise, FL 33326-2212				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other lines empowered.

SIGNATURE:

Osvaldo L. Valdes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Osvaldo Valdes

4-19-02

Date

Daytime Phone #

CR2E034B (12/01)