

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**  
04-24-2003 90276 010 \*\*\*150.00

**DOCUMENT #** P01000052880

1. Entity Name

Florida Home Inspection Team, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6431 N.W. 199th Lane

Suite, Apt. #, etc.

3. Mailing Address

6431 N.W. 199th Lane

Suite, Apt. #, etc.

City & State  
Hialeah, Florida

City & State  
Hialeah, Florida

4. FEI Number

65-1107747

Applied For

Not Applicable

Zip  
33015

Country  
USA

Zip  
33015

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul A. Koprowski

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

10031 Pines Blvd. #224

City

Pembroke Pines

FL

Zip Code

33024

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PAUL A. KOPROWSKI CPA

4/21/2003

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  
P,D  
William E. Siegel  
6431 N.W. 199th Lane  
Hialeah, Florida 33015

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 empowered.

SIGNATURE: *William E. Siegel* William E. Siegel  
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2003

Date

(954) 342-4988

Daytime Phone #

CR2E034B (12/02)