FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000083765

FILED Sep 08, 2002 8:00 am Secretary of State 09-08-2002 90123 004 ***150.00

1. Entity Name				09-08-2002 90	0123 004 ***150.00
SUP	BEWE INSPECTIO	MY INC A			
		-No-E			
DO NOT WR	RITE IN THIS S	PACE:	*		
2. Principal Place of Business	3. Mailing Address			~ 0.4.9 E	1697
4865 NW 97 CT Suite, Apt. #, etc.	Suite, Apt. #. etc.		ON OG	T WRITE DASE	ACE
City & State	City & State		4. FEI Number 65 - 114130		Applied For Not Applicable
MIAMI, TC.	Zíp	Zip Country		irout 🖂 💲	8.75 Additional se Required
Zip 33178 PADE			Gertificate of Status Der Name and Address of C		
		Name Fee	DY HERRERA		
	TWRITE	Street Address	(P.O. Bòx Number Is Not Acc	eptable) ———————	
THIS	SPACE				Zin Code
		City MIAN		FL	Zip Code 33178
8. The above named entity submits this sta	atement for the purpose of changing	its registered office or registe	red agent, or both, in the Sta	e of riolica.	
SIGNATURE Signature, typed or printed name of reg	and annual and take if another this.	NOTE: Registered Agent signature require	ed when sensioning)	DATE	
signature, typed or primed name or reg 9. This corporation is eligible to satisfy its	inniari 1	May 1 Fee is \$150.00	10, Election Camp	alon Financing	\$5.00 May Be
Tax filing requirement and elects to do (See criteria on back)	SO. Ampri	lay 1, Fee is \$550.00 ided UBR is \$61.25 yable to Department of St.	Trust Fund Cor	ntribution.	Added to Fees
•	CERS AND DIRECTORS	IIIL S			6
NAME FEEDY HER	lep	NAME SIREEF ADORESS			
STREET ADDRESS USS NW C	7 CT . 33178	CTTY, \$1+2#	44.5 (1986) 1994 (1986)		
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CITY-ST-ZIP		- GITT RES		IS SPAC	Section Section 18 Control Con
TITLE NAME		NAME STREET ADDRESS	114.111		/ _
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TITLE NAME		TITLE NAME			
STREET ADDRESS		STREET ADDRESS CITY ST ZIP			
BITE STAND		TOTEL 4.			
NAME STREET ADDRESS		STREET ADDRESS 4			
13. Thereby certify that the information is indicated on this report or supplement	supplied with this filing does not qual	ify for the exemption stated in	Section 119.07(3)(i), Florida	Statutes. I further cer	tify that the information
indicated on this report or supplement of the corporation or the receiver or attachment with an address, with all	ntal report sitrue and accurate and to trustee empowered to execute this other like empowered.	that my signature shall have tr report as required by Chaple	r 607, Florida Statutes; and th	at my name appear	s in Block 11 or on an
	HH FECOU 1	Herrora	540 7		05-803 UZ 41
SIGNATURE: N	T	EICED OF ORECTOR	Date	0	laytime Phone #

Affachment-

September 2, 2002

Florida Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Po 1000083765

To Whom It May Concern:

Dear Sir or Madam:

This letter is to advise you that Supreme Inspections Inc. was inactive from the time it was established until August 2002, that is, from August 23, 2001 to August 2002. I would also like to inform you that I never received the corporation renewal forms, and as a result I did not complete them.

Because Supreme Inspections Inc. has recently become active, I have found the need to update the paper work required.

I apologize for any delays on filing the forms required and thank you for your understanding.

Should you have any questions, please contact me at 305 803 4241.

Sincerely,

President

Supreme Inspections Inc.