

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

P02000036200

DOCUMENT # P02000036200 (L)

1. Entity Name

FLORIDA

AFFORDABLE HOME INSPECTIONS, INC.



03 JUL -3 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

55049120

2. Principal Place of Business

3460 SW 132 AVE.

Suite, Apt. #, etc.

3. Mailing Address

3460 SW 132 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

04-3650506

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

Zip

33175

Country

U.S.

Zip

33175

Country

DADE

7. Name and Address of Current Registered Agent

Name

ANTONIO A. CARBALEIRA

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

3460 SW 132 AVE

City

MIAMI

FL

Zip Code

33175

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

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
President
ANTONIO A. CARBALEIRA
3460 SW 132 AVE
MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800020777508
06/11/03--01048--002 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Antonio Carbalreira

6/4/03

786-251-8750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attn: Chmura 55049120
Doc # A0200003-0200

April 22, 2003

Dept of State
Division of Corporation

I never received the renewal for the corporation, therefore, I am sending you the check for the \$150.00. There are no changes of officers, only a change of address to the following:

3460 SW 132 Avenue
Miami, FL 33175

If you should have any questions, please do not hesitate to contact me at 786-251-8756.

Thank you,



Antonio Carballeira

TAX ID # 04-3650506