2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # **P02000072604**

1. Entity Name

QUALITY HOME INSPECTION SERVICES, CORP.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90222 005 ***158.75

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Principal Place of Business			Mailing Address						
12849 SW 54 ST MIAMI FL 33175			12849 SW:54:ST						
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2. Principal Place of Business			3. Mailing Address			I LORINDAN TEN OOMIN SERTI BOLIN D	9111 BOSH BOSH 40010 11010 011	il Baiti aibi ibbi	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State			07. 1.0.			☐ CHECK HERE IF MAKING CHANGES			
Only di State			City & State			4. FEI Number : # 17- /)	1.7 (a/a/11) H	Applied For	\exists
Zip Country			Zip Country			5. Certificate of Status Desired		Not Applicable	4
	6. Name a	and Address of Curre	nt Registered Agent				Fee Requi	ired	╛
			m negistered Agent	Name		7. Name and Address of New	Registered Agent		\dashv
	A, ARLENE			Charact Antalasa		700			╛
9001 SW				Stree	t Address (P.	(P.O. Box Number is Not Acceptable)			
MIAMI FL	33186								7
	,	,		City	_		FL Zip Co	de	1
8. The above	e named entity stions of register	submits this statement	for the purpose of changing is	ts registered office	or registered	agent, or both, in the State of F		n, and accept	$\frac{1}{2}$
inc obliga	uions or register	ed agent.						,	
SIGNATURE	Signature, typed or	printed name of registered age	nt and title if applicable (NC	TE: Registered Agent sig					
P & PTP & TF		FEE IS \$150.00		TE. Hagistered Againt sig	riatore required wit	en reinstating)	DATE		1
Afte	r May 1, 2003	Fee will be \$550.00	o i	- ·· -		9. Election Campaign Fi		00 May Be	
	k Payable to F	lorida Department	. i			Trust Fund Contribution	∍n. (∟ Adde	ed to Fees	
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	ertify that the int	formation supplied with	a ship filling at a second of the filling at a s	CITY-ST-ZIP	<u> </u>				

2. I nereby 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 of trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or an attachment with an address, with all other like empowered.

SIGNATURE:

GRAVURE REQUIRED
GRAVURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/03 (905)227-0890