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

**DOCUMENT#** 1. Entity Name

P02000094473]

INSPECTION & MAINTENANCE OPTION, INC.



## **FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 90380 018 \*\*\*150.00

Signature   Sign					
981 E 24 St Suite, Apt. #, etc.  City & State HTALEAH FL  City & State HTALEAH FL  Supplied For Not Applied 33013  USA  Sometime to Status Desired Apert Signature Registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the both of registered agent.  Signature, 1: Med or present name of registered agent and time of applicable.  MAIN The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the both of registered agent.  Signature, 1: Med or present name of registered agent.  MAIN The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept diffice or registered agent, or both, in the State of Florida. I am familiar with	DO NOT WRITE		E	S SPACE	
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HIALEAH FL  O3-0480571  Not Applica  2ip 33013  USA  Country USA  33013  USA  T. Name and Address of Current Registered Agent  Name DELGADO ELIZABETH Street Address (P.O. Box Mumber is Not Acceptable)  Street Address (P.O. Box Mumber is Not Acceptable)  B. 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 acceptable of the obligations of registered agent.  Signature:  January 1- May 1; Fee is \$150.00 After May 1; Fee is \$150.00 Amended UBR is \$10.25 Make Check Payable to Florida Department of State  DELGADO ELIZABETH  NOT Registered Agent separated when remaiding)  DATE  January 1- May 1; Fee is \$150.00 Amended UBR is \$10.25 Make Check Payable to Florida Department of State  DELGADO ELIZABETH  NAME SITUATION OFFICERS AND DIRECTORS  TRUST Fund Contribution.  DELGADO ELIZABETH  NAME SITUATION OFFICERS AND DIRECTORS  TILE VSD  VAZQUEZ JORGE L  NAME SITUATION OFFICERS AND DIRECTORS  TILE VSD  VAZQUEZ JORGE L  SITUATION OFFICERS AND DIRECTORS  TILE VSD  VAZQUEZ JORGE L  SITUATION OFFICERS AND DIRECTORS  SITUATION OFFICERS AND DIRECTORS  SITUATION OFFICERS  SITUATION OFF		I longer			St. O. St. Control Control
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DO NOT WRITE IN THIS SPACE  City HIALEAH  Sireel Address (P.O. Box Number is Not Acceptable)  City HIALEAH  FL Zip Code 33013  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  January 1 - May 1: Fee is \$150.00  After May 1: Fee is \$550.00  After May 1: Fee is \$550.0	- <i>F</i>	5. Certificate of Status Desired Fee Required	ÚSA	USA 5. Certificate	Fee Required
Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  City HIALEAH FL Zip Code 33013  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  January 1: May 1: Fee is \$150.00 After May 1, Fee is \$550.00 Amended JUBR is \$61:25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE 1: 1 PD DELIGADO ELIZABETH NAME DELIGADO ELIZABETH SIRRET ADDRESS GITY-ST-ZIP Hialeah, F1 33013  STREET ADDRESS 981 E 24 St UNAME VAZQUEZ JORGE L SIRRET ADDRESS SI			Name	Name	
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CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information		action 119 07(3Vi) Florida Statutes I further cartify that the informa-	(1) 1 年 1 年 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日	是更更加的大型的大型的 1000年代的 1000年代	la 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. Afth all ether like empowered.

SIGNATURE:

ELIZABETH DELGADO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)796-9010