

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90380 018 ***150.00

DOCUMENT #

P020000944731

1. Entity Name

INSPECTION & MAINTENANCE OPTION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

981 E 24 St

3. Mailing Address

981 E 24 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

03-0480571

Applied For

Not Applicable

Zip

33013

Country

USA

Zip

33013

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DELGADO ELIZABETH

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

981 E 24 ST

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

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 PD
NAME DELGADO ELIZABETH
STREET ADDRESS 981 E 24 St
CITY-ST-ZIP Hialeah, FL 33013

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD
NAME VAZQUEZ JORGE L
STREET ADDRESS 981 E 24 St
CITY-ST-ZIP Hialeah, FL 33013

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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH DELGADO

Date

4/23/07

Daytime Phone #

(305) 796-9010

CR2E034B (12/02)