

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90098 023 ***150.00

0045798 AV

DOCUMENT # P02000116637

1. Entity Name

DADE COUNTY INSPECTIONS SERVICES INC.



Principal Place of Business

2625 COLLINS AVENUE
APT. 1502
MIAMI BEACH FL 33140

Mailing Address

2625 COLLINS AVENUE
APT. 1502
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3720119

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GOMEZ, JAVIER
2625 COLLINS AVENUE
APT. 1502
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS GOMEZ, JAVIER
CITY-ST-ZIP 2625 COLLINS AVENUE APT. 1502
MIAMI BEACH FL 33140

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Attachment #

86137328

PO2000116637

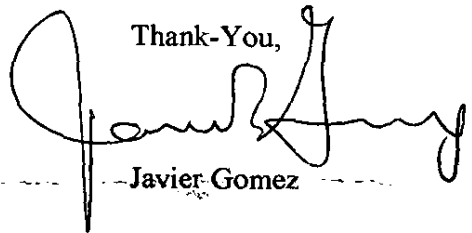
Dade County Inspections, Inc.
Javier Gomez
2625 Collins Avenue
Miami, FL 33140

8/4/2003

Division of Corporations,

This letter is in regards to the late fee of \$550 that is currently being issued to this company. We did not receive any other notification of this report besides the form itself on August 1, 2003. After reviewing the form, it informed us that the late fee can be waived due to the fact that this was first notification. This company is complying with those instructions and enclosed there is a check for \$150 and this letter informing you of the situation.

Thank-You,



Javier Gomez