

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008309

1. Entity Name

HOME INSPECTION ANALISTS, INC.

Principal Place of Business
5316 NW 187TH ST.
MIAMI FL 33055

Mailing Address
5316 NW 187TH ST.
MIAMI FL 33055

2. Principal Place of Business
2100 W 76TH ST

3. Mailing Address
13965 LAKE GEORGE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

411

City & State
HIALEAH, FL

City & State
MIAMI LAKES, FL

4. FEI Number
65-0638383

Applied For
Not Applicable

Zip
33016

Country
USA

Zip
33016

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COELLO, ARTHUR
5316 NW 187TH STREET
MIAMI, FL 33055

Name

Street Address (P.O. Box Number is Not Acceptable)
13965 LAKE GEORGE CT.

City
MIAMI LAKE

FL

Zip Code
33016

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COELLO, LILIA M.
5316 NW 187TH STREET
MIAMI, FL 33055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
13965 LAKE GEORGE CT
MIAMI LAKE, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
COELLO, ARTHUR
5316 NW 187TH STREET
MIAMI, FL 33055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
13965 LAKE GEORGE CT.
MIAMI LAKE, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur Coello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR COELLO

04-27-00

305-558-5676

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90951 045 ***150.00

100881

DO NOT WRITE IN THIS SPACE