

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008309

1. Entity Name

HOME INSPECTION ANALISTS, INC.

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90078 015 ***150.00

0139237 AV

Principal Place of Business

2100 W. 76TH ST.
#411
HIALEAH FL 33016

Mailing Address

13965 LAKE GEORGE CT.
MIAMI LAKES FL 33016

2. Principal Place of Business

3. Mailing Address

2100 W 76TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

411

City & State

City & State
HIALEAH FL

Zip

Country

Zip

33016

Country

4. FEI Number

65-0638383

Applied For

Not Applicable

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
13965 LAKE GEORGE CT.
MIAMI LAKES FL 33016

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.

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	COELLO, LILIA M	
STREET ADDRESS	13965 LAKE GEORGE CT.	
CITY-ST-ZIP	MIAMI LAKE FL 33016	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COELLO, ARTHUR	
STREET ADDRESS	13965 LAKE GEORGE CT.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)