

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) 2004**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90291 041 \*\*\*150.00

DOCUMENT # P9600Q008309

1. Entity Name

HOME INSPECTION ANALIST, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2100 W 76TH

Suite, Apt. #, etc.

# 411

City & State  
HIALEAH, FL

Zip

33016

Country

USA

3. Mailing Address

2100 W 76TH

Suite, Apt. #, etc.

# 411

City & State  
HIALEAH, FL

Zip

33016

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0638383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

COELLO, ARTHUR

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

6378 N.W. 170 LN

City

MIAMI

FL

Zip Code

33015

**DO NOT WRITE  
IN THIS SPACE**

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

X

Signature, typed or printed name of registered agent and also 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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COELLO, LILIA M. 6378 N.W. 170 LANE MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COELLO, ARTHUR 6378 N.W. 170 LANE MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 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 #

40/23/04

305-558-5676