

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073630

1. Entity Name

DEPENDABLE HOME INSPECTIONS INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90004 031 ***150.00

Principal Place of Business

9720 SW 77TH TERRACE
MIAMI FL 33173

Mailing Address

9720 SW 77TH TERRACE
MIAMI FL 33173

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

65-0941642

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

PLASENCIA, LEONEL
9720 SW 77TH TERRACE
MIAMI FL 33173

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS PLASENCIA, LEONEL B
CITY-ST-ZIP 9720 SW 77TH TERRACE
MIAMI FL 33173

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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 #

7-16-2000 305-575-5250

CP25014 1/00

Attachment
DI# 099000073630
D0875084

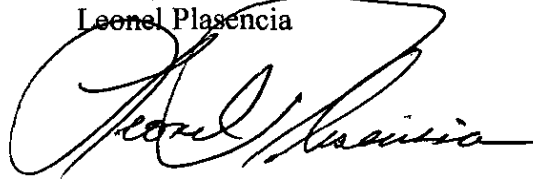
Florida Department Of State
Division Of Corporations

To Whom It May Concern: I Leonel Plasencia never received my first notice for the filing of the (UBR) and as this is my first incorporation was not even aware of the filing of this document. Had I known, even without notification from your office I would have filed within the allotted time. This is an S- corporation that is in the start up process and can't afford this expense. Again I had no knowledge of nor had I received my first notice of the (UBR). Please consider this in the evaluation of this case.

I am now sending the 150.00 dollars required and am asking that you please not asses the 400.00 dollar late fee.

Thank you for your attention

Leonel Plasencia

A handwritten signature in black ink, appearing to read 'Leonel Plasencia', written over a horizontal line.