FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00,00,007	2216	FILED					
ATC GROUP OF MIAMI, II	NC.	O2 APR 25 AM IO: 32 SECRETARY OF STATE TALL AHASSEE, FLORIDA					
DO NOT WRITE	IN THIS SPA						
A District ADIssaud District			4				
2. Principal Place of Business	3. Mailing Address 901 PONCE DE	TEON DIVID					
11733 S.W. 107 TERRACE Suite, Apt. #, etc.	Suite, Apt. #, etc.	PEON PRAD.	-				
Suite, Apr. W, etc.	606		DO NOT WRITE IN THIS SPACE				
City & State	City & State		4. FEI Number	Applied For			
MIAMI, FL	CORAL GABLE	S, FL	65-1027547	Not Applicable			
Zip Country	Zip	Country	r==-	\$8.75 Additional			
33186	33134	•	Certificate of Status Desired	Fee Required			
			7. Name and Address of Current Registere	ed Agent			
		Name					
DO NOT W	DITE	ALVARE					
DO NOT W	KI-1-E	Street Address	s (P.O. Box Number is Not Acceptable) - 5 . W . 107 TERRACE				
IN THIS SP		11/33	J.W. 107 TERRACE				
114 1 LIIO 32	ACE						
•	\	City MIAMI	FL	Zip Code 33186			
	+						
8. The above named entity submits this stateme	int for the purpose of changing	ng its registered office or	registered agent, or both, in the State of Flori	da.			
SIGNATURE X 4.	<u> </u>						
Signature, typed or printed pame of reg	- ,	 	Agent signature required when reinstating)	DATE			
This corporation is eligible to satisfy its Intang Tax filing requirement and elects to do so. (See criteria on back)	After May Amendo	May 1 Fee is \$150.00 y 1, Fee is \$550.00 ed UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
		ble to Department of S	ate				
11. OFFICERS AND	DIRECTORS						
TIME PRESIDENT		TITLE	40000545	51734			
NAME ALVAREZ, IVAN		NAME	4000054 9 -05/06/02	701006026 @			
STREET ADDRESS 11733 S.W. 107		STREET ADDRESS	****380.	nn ****300.00			
CITY-ST-ZIP MIAMI, FL 3318	30	CITY - ST - ZIP	Section 1. Comment				
TILE VICE PRESIDENT	TDDA	TITLE		185			
NAME ALVAREZ, ALEJAN		NAME					
1	TERRACE	STREET ADDRESS					
CITY-ST-ZIP MIAMI, FL 3318	36	CITY - ST - ZIP					
TILE .		TITLE		•			
NAME		NAME		{			
STREET ADDRESS		STREET ADDRESS	DO NOT WRI	TE !			
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	عيد بسيده ساه ديد	_ ITTLE	IN THIS SPACE	JE .			
NAME CTREET ADDRESS		NAME expect and pegg					
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS					
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TILE NAME		TITLE	•				
NAME STREET ADDRESS		NAME CTREET ADDRESS					
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STREET ADDRESS		STREET ADDRESS CITY - ST - ZIP]			
CITY-ST-ZIP	and the files does at the P		d in Coation 110 07/2\/D Elands Statute 15	than certify that the			
13. I hereby certify that the information supplied vinformation indicated on this report or suppler an officer or director of the corporation or the appears in Block 11 or on an affactment with	mental report is true and acc receiver or trustee empower	curate and that my signati red to <u>execute t</u> his report	ure shall have the same legal effect as if made	e under oath; that I am			
SIGNATURE: SIGNATURE AND TYPED OF	B RINTED NAME OF SIGNING	OFFICER OR DIRECTOR	Date Dayti	me Phone #			
			·				

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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p00000072216 1. Entity Name																
ATC GROUP OF MIAMI, INC.																
Principal Plac				Mailing Ad												
1	11733 S.W. 107 TERRACE 901 PONCE DE LEON BLVD MIAMI, FL 33186 SUITE 606 CORAL GABLES, FL 33134						ı									
2. Principal Place of Business 3. Mailing /					Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	IN THIS S	PACE				_			
City & State	City & State			City & State						4. FEI Number 65-1027547				Applied For Not Applicable		
Zíp		Country		Zip			Cou	ıntry	5. 0	Certificate of Status Desired		8.75 ee Re			1	
	6. Name	and Address	of Current R	egistered	Agent				7. N	lame and Address of New Re	egistered A	gent]
					_			Name]
1	LVAREZ, IVAN 1733 S.W. 107 TERRACE					Ï	Street Addre	ess (P.O	. Box Number is Not Acceptab	le)]	
MIAMI,			KKACE													
,	111 5	5100						City			FL	Zip	p Cod	e		
8. The above	named en	tity submits th	s statement f	or ne pur	oose of ch	anging its	regi	stered office o	r registe	ered agent, or both, in the State	of Florida	لي				1
SIGNATURE	x 4	\sim	1	/.												
SIGNATORE	Signature, t	yped or printed r	name of registe	ed agent ar	nd title if ap	plicable.	(NOTE: Registere	ed Agent	signature required when reinstating	a) DA	ΓE			_	
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, 2001 Fee with be \$550.00 Make Check Payable to Department of S						10. Election Campaign Fine Trust Fund Contribution) May to Fee		6				
11.	. 9		ERS AND DI	RECTORS	3		12.		ADDI	ITIONS/CHANGES TO OFFIC	ERS AND I	JREC	TOR	5 IN 1	1	15
STREET ADDRESS	ALVA 1173		107 I		Dek CE	ete		I .				Cha	ange	□ '	Addition	CR2E034 (11/00)
TITLE	VICE	I, FL PRESI	DENT		Dek	≭e	TITLE				[ange		Addition	- -
NAME	ALVAREZ, ALEJANDRO				NAME	I .			_	_						
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TITLE	MIFM	I, II			Dek		TITLE				[Cha	ange		Addition	1
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information officer or d	n indicated irector of the	on this report ne corporation	or supplement or the receive	ntal report er or tru i ste	is true and e empow	accurate ered to ex	and ecut	l that my signa	ature sha Lreguire	ction 119.07(3)(i), Florida State all have the same legal effect a ed by Chapter 607, Florida Stat	ıs if made u	nder o	oath; t	that I a	am an ears	
) V.	'حــــــــــــــــــــــــــــــــــــ	· /	W_	<u></u>			4-11-02						
SIGNAT	UKE: 1	SIGNATUR	E AND TYPED	OR PRINTE	D NAME O	SGNING	3 OF	ICER OR DIREC	стов	Date	D	aytime I	Phone	,#		

STF FL32381F.1

Attachment Document # P00000072216

ATC Group of Miami, Inc. 901 Ponce de Leon Blvd. Suite 606 Coral Gables, FL 33134

April 11, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 901 Ponce de Leon Blvd. Suite 606, Coral Gables, FL 33134. Accordingly we did not receive on a timely basis the Uniform Business Report for the year 2001. In addition our accountant at the time did not advise us of such requirements. We have subsequently hired a competent accountant which can guide us and hence will provide appropriate information so that we can fulfill all of our filing requirements on a timely basis. Attached please find a check for \$150.00 for the filing fees. We respectfully request that you abate the penalties for filing late.

Sincerely,

Alejandro Alvarez