

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

DOCUMENT # P00,000072216

1. Entity Name

ATC GROUP OF MIAMI, INC.

FILED

02 APR 25 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11733 S.W. 107 TERRACE Suite, Apt. #, etc.	3. Mailing Address 901 PONCE DE LEON BLVD. Suite, Apt. #, etc. 606
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State CORAL GABLES, FL	4. FEI Number 65-1027547	Applied For <input type="checkbox"/> Not Applicable
Zip 33186	Country	Zip 33134	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALVAREZ, IVAN	
Street Address (P.O. Box Number is Not Acceptable) 11733 S.W. 107 TERRACE	
City MIAMI	FL Zip Code 33186

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)

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	PRESIDENT ALVAREZ, IVAN 11733 S.W. 107 TERRACE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400005451734-- -05/06/02--01006--026 ****300.00 ****300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT ALVAREZ, ALEJANDRO 11733 S.W. 107 TERRACE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072216

1. Entity Name

ATC GROUP OF MIAMI, INC.

Principal Place of Business	Mailing Address
11733 S.W. 107 TERRACE MIAMI, FL 33186	901 PONCE DE LEON BLVD SUITE 606 CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-1027547	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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
ALVAREZ, IVAN 11733 S.W. 107 TERRACE MIAMI, FL 33186	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 X

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, 2001 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	PRESIDENT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, IVAN	NAME	
STREET ADDRESS	11733 S.W. 107 TERRACE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33186	CITY - ST - ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ALEJANDRO	NAME	
STREET ADDRESS	11733 S.W. 107 TERRACE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33186	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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**

4-11-02

Date

Daytime Phone #

Attachment
Document #
P00000072216

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

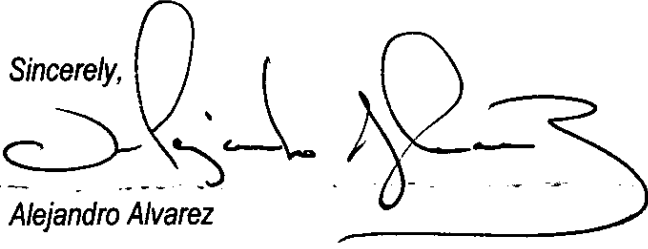
April 11, 2002

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