

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000100499**1. Entity Name
ATLANTIC HOME INSPECTION COMPANY

Principal Place of Business

6000 S.W. 93 PLACE

MIAMI
33173

FL

Mailing Address

6000 S.W. 93 PLACE

MIAMI
33173

FL

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

65-1051433

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BECQUER ALFREDO
6000 S.W. 93 PLACEMIAMI
33173

FL

7. Name and Address of New Registered Agent

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 _____ **04/26/2001**

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 VD ☐ Delete
NAME GURRUCHAGA FELIX
STREET ADDRESS 2163 RENAISSANCE BLVD., #108
CITY-ST-ZIP MIRAMAR FL 33025TITLE PD ☒ Change ☐ Addition
NAME BECQUER GLADYS J
STREET ADDRESS 6000 S.W. 93 PLACE
CITY-ST-ZIP MIAMI FL 33173TITLE PD ☐ Delete
NAME BECQUER ALFREDO A
STREET ADDRESS 6000 S.W. 93 PLACE
CITY-ST-ZIP MIAMI FL 33173TITLE VD ☒ Change ☐ Addition
NAME BECQUER ALFREDO A
STREET ADDRESS 6000 S.W. 93 PLACE
CITY-ST-ZIP MIAMI FL 33173TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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: alfredo becquer

VD

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)