

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90466 031 ***150.00

DOCUMENT # P950000B2316
 1. Entity Name
ATC CENTRAL MONITORING, INC

Principal Place of Business Mailing Address
3500 North MIAMI Avenue
MIAMI, FL 33127

553420

2. Principal Place of Business 3. Mailing Address
3500 North MIAMI AVE ← SAM. 6
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL City & State
 Zip 33127 Country Country

4. FEI Number 650633052 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GAIL SCOPINICH, ESQUIRE
801 NE 167th Street, 2nd Floor
North MIAMI Beach, FL 33162

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT/DIRECTOR</u> <input type="checkbox"/> Delete <u>GAIL SCOPINICH</u> <u>801 NE 167th ST</u> <u>NO. MIAMI BEACH, FL 33162</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V/D</u> <input type="checkbox"/> Delete <u>VINCENT VENTO</u> <u>3500 North MIAMI AVENUE</u> <u>MIAMI, FL 33127</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY/DIRECTORY</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>GAIL SCOPINICH</u> ←
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT/DIRECTOR</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>VINCENT VENTO</u> ←
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ GAIL SCOPINICH 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)