

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002707

1. Entity Name

GENERAL BUILDING INSPECTIONS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90126 019 ***150.00

Principal Place of Business

Mailing Address

4851 NW 103 AVE
SUITE 54
SUNRISE FL 33351

4851 NW 103 AVE
SUITE 54
SUNRISE FL 33317-4551

2. Principal Place of Business

3. Mailing Address

840 S. STATE RD 7#

840 S. STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

City & State

PLANTATION FL.

PLANTATION FL.

Zip

Country

Zip

Country

33317

USA

33317

USA

4. FEI Number

65-0719853

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

EBANKS, PETER J.
4851 NW 103 AVE
SUITE 54
SUNRISE FL 33351

Name

EBANKS, PETER J.

Street Address (P.O. Box Number is Not Acceptable)

840 S. STATE RD 7

City

PLANTATION

FL

Zip Code

33317

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]

PETER J. EBANKS

1-13-00

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, 2000 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	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBANKS, JEAN W		NAME	
STREET ADDRESS	4851 NW 103 AVE SUITE 54		STREET ADDRESS	840 S STATE RD 7 #101
CITY-ST-ZIP	SUNRISE FL 33351		CITY-ST-ZIP	PLANTATION FL. 33317
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBANKS, PETER J		NAME	
STREET ADDRESS	4851 NW 103 AVE SUITE 54		STREET ADDRESS	840 S STATE RD. 7
CITY-ST-ZIP	SUNRISE FL 33351		CITY-ST-ZIP	PLANTATION FL. 33317
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, MYRTLE		NAME	
STREET ADDRESS	4851 NW 103 AVE		STREET ADDRESS	840 S STATE RD 7 #101
CITY-ST-ZIP	SUNRISE FL 33351		CITY-ST-ZIP	PLANTATION FL. 33317
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] PETER J. EBANKS

Date

Daytime Phone #

CR2E034 (9/99)