

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
 05-19-2001 90286 012 ***150.00

DOCUMENT # P 98000021161

1. Entity Name

AMERICAN INSPECTION & LOSS CONTROL SERVICES, INC.

Principal Place of Business

350 Sevilla Ave.
 Coral Gables, FL 33134

Mailing Address

350 Sevilla Ave.
 Coral Gables, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0817705

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

552939

6. Name and Address of Current Registered Agent

SOLMS, WILLIAM O. JR., ESQ.
 SOLMS & PRICE, P.A.
 6701 Sunset Drive, Suite 104
 Miami, FL 33143

7. Name and Address of New Registered Agent

Name **Hector D. Fortun**
 Street Address (P.O. Box Number is Not Acceptable)
350 Sevilla Ave.
 City **Coral Gables** **FL** Zip Code **33134**

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  typed or printed name of registered agent and title if applicable.

Hector D. Fortun, President

4-24-01

(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

TITLE **DP** ☐ Delete
 NAME **FORTUN, HECTOR D.**
 STREET ADDRESS **350 Sevilla Ave.**
 CITY-ST-ZIP **Coral Gables, FL 33134**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector D. Fortun

4/24/01

Date

(305) 461-0950

Daytime Phone #

CR2E034 (11/00)