

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT# P99000026077**

1. Entity Name

DETECTION HOME INSPECTIONS, INC.**FILED****00 OCT 12 AM 10:06****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**496 S.W. 126 TERR.
DAVIE FL 33325**

Mailing Address

**496 S.W. 126 TERR.
DAVIE FL 33325**

2. Principal Place of Business

496 SW 126 Terrace

Suite, Apt. #, etc.

3. Mailing Address

496 SW 126 Terrace

Suite, Apt. #, etc.

City & State

DAVIE, Florida

Zip

33325

Country

US

City & State

DAVIE, Florida

Zip

33325

Country

US

4. FEI Number

65-0931339

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ, HECTOR M
496 S.W. 126 TERR.
DAVIE FL 33325**

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	President	<input type="checkbox"/> Delete
NAME	Hector M. Lopez	
STREET ADDRESS	496 SW 126 TERRACE	
CITY-ST-ZIP	DAVIE Florida 33325	

TITLE	Officer President	<input type="checkbox"/> Delete
NAME	SIXTO CALVO	
STREET ADDRESS	8320 SW 13 TERRACE	
CITY-ST-ZIP	Miami Florida 33144	

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

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

SIGNATURE:

Hector M. Lopez**9/7/00****(954)382-4741**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

KE