## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P9900026077 ·								•
DETECTION HOME INSPECTIONS, INC.					FILED			
					00 OCT 12 AM 10: 06			
Principal Place of Business Mailing Address					SECRETARY OF STATE			
496 S.W. 126 TERR. 496 S.W. 126 TERR					TALLAHUT OF 20 BRIDA			
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Suite, Apt. #, etc. Suite, Apt. #, etc.					65-00°	NOT WRITE IN T	HIS SPACE	_
City & Stat	~ 6 1 = · 1 A	FOOT Davie Florida		4. FEI Number	<del>313</del> 9	<del></del>	oplied For ot Applicable	
- 222	Country	39-5715	Cour	1try	5. Certificate of Status	Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current R	egistered Agent			7. Name and Address	of New Registe	red Agent	
LOPEZ, HECTOR M 498 S.W. 126 TERR.				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
DAV	/IE FL 33325						I 6	
				City		<u> </u>	FL Zip Coo	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or registe	red agent, or both, in the \$	State of Florida.		-
SIGNATURE .						· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered agent an	1		d Agent signature require	d when (sinstering)	1 4		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE After SEPTEMBER 13, 2000 Make Check Psyable to De				Min. will be \$75	0.00 Touch Fund (	npaign Financing Contribution.		O May Be d to Fees
11.	OFFICERS AND D		12.	<del></del>	ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTOR	RS IN 11
title Name	Hector M. LOPET 494 SW 124 TERPACE	Delete	TITU NAM	· i		ı,	CT Citalize	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1		EFT ADORESS '-ST-ZIP		i ·			
TITLE	Ofce President	☐ Delete	TITL	<del></del>	<u> </u>		Change	Addition
NAME STREET ADDRESS.	SIXTO CATUO  8320 SW 13 TERRACE  STR			EET ADORESS			. <b>.</b>	_ (
CITY-ST-ZIP	Michael Clarella 22 mill.		-ST-ZIP					
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NAME		00:0E	NAM	Œ		1	<b>_</b> ••••••	
STREET ADDRESS CITY-ST-ZIP				EET ADORESS -ST-ZIP				
TITLE		☐ Delete	TITU	-			☐ Change	☐ Addition
NAME STREET ADDRESS		. •		EET ADDRESS				KE
City-ST-ZIP	certify that the information supplied with t	his filing does not qualify for	the eye	-ST-ZIP Imption stated in Se	ection 119.07(3)(i), Florida	Statutes. I furthe	r certify that the I	information
Indicated  of the cor	on this report or supplemental report is to reporation or the receiver or trustee empoy	rue and accurate and that mered to execute this report :	าง รเดกลา	lura shall hava tha	same legal ettect as it ma	da under cain: in	at i am an officei	or airector 1
	, or on an attachment with an address, wi	uri ali otner like empowered.		_	9/7/2	) (95	u)zan -	שועו
SIGNAT	TURE: /SULT/VO?	ベイイムこくべんりょ	TU	2	אוי ויי	<u>ر</u> را-	ישטעווי	1771