

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90033 009 ***150.00

0269228 AV

DOCUMENT # P00000004023

1. Entity Name
RED ROAD ATLANTIC, INC.

Principal Place of Business

~~2281 W 4 AVENUE~~
~~MIAMI FL 33010~~

Mailing Address

12250 N.W. 7TH AVENUE
NORTH MIAMI FL 33168



2. Principal Place of Business

12250 NW 7 AVE.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI, FL

City & State

4. FEI Number

65-0975554

Applied For

Not Applicable

Zip

33168

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOLANTE, MICHAEL
12250 N.W. 7TH AVENUE
NORTH MIAMI FL 33168

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 \$150.00
After May 1, 2002 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 **PD** ☐ Delete
NAME **VOLANTE, ANTHONY**
STREET ADDRESS **12250 N.W. 7TH AVENUE**
CITY-ST-ZIP **NORTH MIAMI FL 33168**

TITLE **STD** ☐ Delete
NAME **VOLANTE, MICHAEL**
STREET ADDRESS **12250 N.W. 7TH AVENUE**
CITY-ST-ZIP **NORTH MIAMI FL 33168**

TITLE **VD** ☐ Delete
NAME **VOLANTE, GERALD**
STREET ADDRESS **12250 NW 7TH AVENUE**
CITY-ST-ZIP **NORTH MIAMI FL 33168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

MICHAEL VOLANTE

3/13/02

305-681-3102

Date

Daytime Phone #

CR2E034 (9/01)