

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0284306 AV

04-01-2002 90611 021 ***158.75

DOCUMENT # P97000106823

1. Entity Name
ATF HOLDINGS, INC.

Principal Place of Business
9390 NW 109TH STREET
MEDLEY FL 33178
US

Mailing Address
9390 NW 109TH STREET
MEDLEY FL 33178
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9960 NW 116th Way
 Suite, Apt. #, etc.
Suite 13
 City & State
Medley, Florida
 Zip
33178-1175 Country
USA

3. Mailing Address
9960 NW 116th Way
 Suite, Apt. #, etc.
Suite 13
 City & State
Medley, Florida
 Zip
33178-1175 Country
USA

4. FEI Number **65-0802002**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, PA
101 MADEIRA AVE
CORAL GABLES FL 33134

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	VPSD	<input type="checkbox"/> Delete
NAME	SOTOLONGO, RAUL	
STREET ADDRESS	9390 NW 109TH STREET	
CITY-ST-ZIP	MEDLEY FL 33178-1225	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, RAUL	
STREET ADDRESS	9390 NW 109TH STREET	
CITY-ST-ZIP	MEDLEY FL 33178-1225	
TITLE	PTD.	<input type="checkbox"/> Delete
NAME	CUSCO, EDUARDO	
STREET ADDRESS	9390 NW 109TH STREET	
CITY-ST-ZIP	MEDLEY FL 33178-1225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOLONGO, RAUL	
STREET ADDRESS	9960 NW 116 WAY, Suite 13	
CITY-ST-ZIP	Medley, FL 33178	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RAUL	
STREET ADDRESS	9960 NW 116 WAY, Suite 13	
CITY-ST-ZIP	Medley, FL 33178	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSCO, EDUARDO	
STREET ADDRESS	9960 NW 116 WAY, Suite 13	
CITY-ST-ZIP	Medley, FL 33178	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUSCO, JORGE	
STREET ADDRESS	9960 NW 116 WAY, Suite 13	
CITY-ST-ZIP	Medley, FL 33178	
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		
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

Date

Daytime Phone #

02/10/02 (305) 885-6464

CR2E034 (9/01)