

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 04, 2000 8:00 am
Secretary of State

04-11-2000 90031 026 ***150.00

DOCUMENT # P99000079080

1. Entity Name

ATLANTIC INVESTMENT ASSOCIATES, INC.

Principal Place of Business

21161 ESCONDIDO WAY
BOCA RATON FL 33433

Mailing Address

21161 ESCONDIDO WAY
BOCA RATON FL 33433-2506

2. Principal Place of Business

21161 ESCONDIDO WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 812222

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON, FLORIDA

4. FEI Number

65-095039

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33481

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NARIMISA, CYRUS R
21161 ESCONDIDO WAY
BOCA RATON FL 33433

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, 2000 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: **PRESIDENT** ☐ Delete
NAME: **CYRUS NARIMISA**
STREET ADDRESS: **21161 ESCONDIDO WAY**
CITY-ST-ZIP: **BOCA RATON, FL 33433**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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
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CITY-ST-ZIP:

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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

2/10/2000

Date

(305) 542-1198

Daytime Phone #

CR2E034 (9/89)