

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011744

1. Entity Name
ATF MANAGEMENT SYSTEMS, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90042 022 ***158.75

Principal Place of Business

Mailing Address

9390 N.W. 109TH STREET
MEDLEY FL 33178-1225
5

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MEDLEY FL 33178-1225
5

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG
2100 SALXEDO STREET
SUITE 300
CORAL GABLES FL 33134

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME SMITH, RAUL
STREET ADDRESS 101 MADEIRA AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE VD ☒ Change ☐ Addition
NAME SMITH, RAUL
STREET ADDRESS 9390 NW 109 ST
CITY-ST-ZIP MEDLEY FL 33178

TITLE VDS ☐ Delete
NAME SOTOLONGO, RAUL
STREET ADDRESS 9390 NE 109TH ST
CITY-ST-ZIP MEDLEY FL 33178

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

TITLE TDP ☐ Delete
NAME CELA, EDUARDO C
STREET ADDRESS 101 MADEIRA AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE TDP ☒ Change ☐ Addition
NAME CUSCO, EDUARDO
STREET ADDRESS 9390 NW 109 ST
CITY-ST-ZIP MEDLEY FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/00)