

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90091 034 ***158.75

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DOCUMENT # P990000011744

1. Entity Name
ATF MANAGEMENT SYSTEMS, INC.

Principal Place of Business
**9390 N.W. 109TH STREET
MEDLEY FL 33178-1225
5**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**9960 NW 116th Way
Suite, Apt. #, etc.
Suite 13**

3. Mailing Address
**9960 NW 116th Way
Suite, Apt. #, etc.
Suite 13**

City & State
Medley, Florida

City & State
Medley, Florida

4. FEI Number
65-0802002

Applied For
Not Applicable

Zip
33178-1175

Country
USA

Zip
33178-1175

Country
USA

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **SMITH, RAUL**
STREET ADDRESS **9390 NW 109 ST.**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VD** ☒ Change ☐ Addition
NAME **SMITH, RAUL**
STREET ADDRESS **9960 NW 116 WAY, Suite 13**
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 **VDS** ☒ Change ☐ Addition
NAME **SOTOLONGO, RAUL**
STREET ADDRESS **9960 NW 116 WAY, Suite 13**
CITY-ST-ZIP **Medley, FL 33178**

TITLE **TDP** ☐ Delete
NAME **CELA, EDUARDO C**
STREET ADDRESS **9390 NW 109 ST.**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **TDP** ☒ Change ☐ Addition
NAME **CUSCO, Eduardo**
STREET ADDRESS **9960 NW 116 WAY, Suite 13**
CITY-ST-ZIP **Medley, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DD** ☐ Change ☒ Addition
NAME **CUSCO, JORGE**
STREET ADDRESS **9960 NW 116 WAY, Suite 13**
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

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 # _____

03/18/02 (305) 885-6464

CR2E034 (9/01)