

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90019 009 ***150.00

0205025

DOCUMENT # 358664

1. Entity Name
EXPORTING ATLANTIC, INC.

Principal Place of Business
104 MADEIRA AVENUE
CORAL GABLES FL 33134

Mailing Address
104 MADEIRA AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business
5177 NW 74 AVE

3. Mailing Address
5177 NW 74 AVE



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
Zip
33166-5500
Country
DADE

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Zip
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Country
DADE

4. FEI Number 59-1283197
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
VITIENES, FRANCISCO
104 MADERRA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name VITIENES, FRANCISCO
Street Address (P.O. Box Number is Not Acceptable)
5177 NW 74 AVE
City MIAMI FL Zip Code 33166-5500

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VITIENES, FRANCISCO J 104 MADERRA AVE CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VITIENES, FRANCISCO 5177 NW 74 AVE MIAMI FL 33166-5500 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

Date 1-9-2001 (305) 392-2886

CR2E034 (10/00)