

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006305

1. Entity Name

ATLANTIC CAPITAL CORPORATION

Principal Place of Business

GA PLAZA BLDG - 8TH FL  
1052 MUNOZ RIVERA AVE  
RIO PIEDRAS PR 00927-5018

Mailing Address

GA PLAZA BLDG - 8TH FL  
1052 MUNOZ RIVERA AVE  
RIO PIEDRAS PR 00927-5018

2. Principal Place of Business

Bolivia Bldg. - 6th Floor

3. Mailing Address

Bolivia Bldg. -6th Floor

Suite, Apt. #, etc.

33 Bolivia Street

Suite, Apt. #, etc.

33 Bolivia Street

City & State

San Juan, Puerto Rico

City & State

San Juan, Puerto Rico

Zip

00917

Country

USA

Zip

00917

Country

USA

6. Name and Address of Current Registered Agent

SPERRY, ROBERT M  
12009 LANDING WAY  
COOPER CITY FL 33026

*Change of*

*Address*

8. The above named entity submits this statement for the

SIGNATURE

Signature, typed or printed name of registered agent and title

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LLOREDA, CLAUDIO L  
COND WALDORF TOWER - APT 50  
CAROLINA PR

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
VERDEJO, CARMEN  
U-30 STREET 2  
BELLMONTE PR

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
NORIEGA, ANTONIO  
8 MIRAFLORES STREET  
MAYAGUEZ PR

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOMEZ, ENRIQUE  
60 MENDEZ VIGO STREET  
WEST MAYAGUEZ PR

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

FILED  
Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90016 026 \*\*\*150.00

00023320



DO NOT WRITE IN THIS SPACE

4. FEI Number

66-0480349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

is Not Acceptable)

FL

Zip Code

h, in the State of Florida.

DATE

ction Campaign Financing  
st Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

02/17/00 (877) 758-3750

Date

Daytime Phone #

CR2E034 (9/99)