

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006305

1. Entity Name

ATLANTIC CAPITAL CORPORATION

Principal Place of Business

BOLIVIA BLDG- 6TH FLR  
33 BOLIVIA ST  
SAN JUAN PR 00917

Mailing Address

BOLIVIA BLDG- 6TH FLR  
33 BOLIVIA ST  
SAN JUAN PR 00917

2. Principal Place of Business

Bolivia Bldg. -6th Floor

Suite, Apt. #, etc.

33 Bolivia Street

City & State

San Juan, Puerto Rico

Zip

00917-2000

Country

USA

3. Mailing Address

Bolivia Bldg. - 6th Floor

Suite, Apt. #, etc.

33 Bolivia Street

City & State

San Juan, Puerto Rico

Zip

00917-2000

Country

USA

6. Name and Address of Current Registered Agent

SPERRY, ROBERT M  
12009 LANDING WAY  
COOPER CITY FL 33026

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, 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 ☐ Delete  
P LLORED, CLAUDIO L  
STREET ADDRESS COND WALDORF TOWER - APT 505  
CITY-ST-ZIP CAROLINA PR

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

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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

01/19/01

(787)758-3750

Date 01/19/01

Daytime Phone #

CR2E034 (10/00)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90285 023 \*\*\*150.00



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**