

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G39342

1. Entity Name

AMERICAN-ATLANTIC CONSTRUCTION, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90049 012 ***550.00

Principal Place of Business

1223 SW 4TH ST
 3RD FL
 MIAMI FL 33135
 US

Mailing Address

1223 SW 4TH ST
 3RD FL
 MIAMI FL 33135
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2325681

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DIAZ, GUARIONE M.

1223 SW 4 ST

2ND FLOOR

MIAMI FL 33135 - 2407

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **ASD** ☐ Delete

NAME **BECKER, ALINA E.**
 STREET ADDRESS **1223 SW 4TH ST**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE **VPD** ☐ Delete

NAME **PAZOS, ANDRES**
 STREET ADDRESS **1223 SW 4TH ST**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE **TD** ☐ Delete

NAME **SWITZER, RAQUEL**
 STREET ADDRESS **1390 S DIXIE HWY 1108**
 CITY-ST-ZIP **HALEAH FL**

TITLE **PD** ☐ Delete

NAME **DIAZ, GUARIONE M.**
 STREET ADDRESS **300 SW 12TH AVE/3RD FLR**
 CITY-ST-ZIP **MIAMI FL**

TITLE **ASU** ☐ Delete

NAME **FABREGAS, JOSE**
 STREET ADDRESS **300 S.W. 12TH AVE., #A**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DE GOUTISOLD, AGUSTIN** ☐ Delete

NAME **1223 SW 4TH ST**
 STREET ADDRESS **MIAMI FL 33135-2407**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)