

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90078 037 ***150.00

DOCUMENT # H06407

1. Entity Name
U.S. ATLANTIC CORPORATION

Principal Place of Business

1218 ASTURIA AVE
CORAL GABLES FL 33134
US

Mailing Address

1218 ASURIA AVE
CORAL GABLES FL 33134
US

2. Principal Place of Business

1334 ALHAMBRA CIR

Suite, Apt. #, etc.

3. Mailing Address

1334 ALHAMBRA CIR

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

DADE

Zip

33134

Country

DADE

4. FEI Number 59-2422323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ-DOVALE, RAUL O
1218 ASTURIA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name RAMIREZ-DOVALE RAULO

Street Address (P.O. Box Number is Not Acceptable)
1334 ALHAMBRA CIRCLE

City CORAL GABLES FL

Zip Code 33134

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

Ramirez-Dovale RAULO RAMIREZ-DOVALE JANUARY 26/01

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 PTD
NAME RAMIREZ-DOVALE, RAUL
STREET ADDRESS 1218 ASTURIA AVE
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE S
NAME DERAMIREZ, CARMEN J
STREET ADDRESS 1218 ASTURIA AVE
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME RAUL RAMIREZ-DOVALE
STREET ADDRESS 1334 ALHAMBRA CIR
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

TITLE S
NAME DERAMIREZ, CARMEN J
STREET ADDRESS 1334 ALHAMBRA CIR
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE: *Ramirez-Dovale* RAULO RAMIREZ-DOVALE JAN 26/01 (305) 444-3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)