

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90028 015 \*\*\*150.00

**DOCUMENT # K76350**

1. Entity Name

**ATHLONE OF FLORIDA INC.**

Principal Place of Business

**25 SE 2ND AVE  
SUITE 504  
MIAMI FL 33131  
US**

Mailing Address

**P.O. BOX 145388  
CORAL GABLES FL 33114  
US****00030836**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0179308**

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****VALLE, ALBERTO  
250 SE 2ND AVE  
SUITE 504  
MIAMI FL 33131**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **V** ☐ Delete  
NAME **LABARTINO, VINCENZO**  
STREET ADDRESS **25 SE 2ND AVE., SUITE 504**  
CITY-ST-ZIP **MIAMI FL 33131**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **MARTINEZ SERODIO, BASILIO**  
STREET ADDRESS **25 SE 2ND AVE., SUITE 504**  
CITY-ST-ZIP **MIAMI FL 33131**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **ST** ☐ Delete  
NAME **VALLE, ALBERTO**  
STREET ADDRESS **25 SE 2ND AVE., SUITE 504**  
CITY-ST-ZIP **MIAMI FL 33131**TITLE ☐ Change ☐ Addition  
NAME  
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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

Date

Daytime Phone #

CR2E034 (10/00)