

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L00000013948

1. Entity Name
ATLANTICA TRADING COMPANY, LLC

01 APR 26 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
49 NAVARRE AVE
SUITE #6
CORAL GABLES FL 33134

Mailing Address
49 NAVARRE AVE
SUITE #6
CORAL GABLES FL 33134



2. Principal Place of Business
10 NE. 39th Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA

City & State

4. FEI Number

Applied For
Not Applicable

Zip
33137
Country
USA

Zip
Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINLEY, CHANDLER R ESQ
710 WASHINGTON AVE
#5
MIAMI BEACH FL 33139

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DI PERSIA, GIAMPIERO
49 NAVARRE AVE SUITE #6
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004191729-6
-05/09/01--01128--001
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/23/2001 (305) 576 3636
Date Daytime Phone #

CR2E083 (11/00)