

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90010 030 *****50.00

DOCUMENT # L00000013948

1. Entity Name

ATLANTICA TRADING COMPANY, LLC



Principal Place of Business

**10 N.E. 39TH ST.
MIAMI FL 33137**

Mailing Address

**10 N.E. 39TH ST.
MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1054711**
65-1054711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

FINLEY CHANDLER R ESQ

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

150 SE 2nd AVENUE SUITE 1010

City

MIAMI

FL

Zip Code

33131

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE **MGRM** ☒ Change ☐ Addition
NAME **DI PERSIA GIAMPIERO**
STREET ADDRESS **10 NE 34th STREET**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

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

03/26/2003

Date

(305) 576-3636

Daytime Phone #

CR2E083 (10/02)



Attachment
30047321
#100000013948
Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, Florida 32399-0100
1-800-482-8293

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

Document ID: UCSFL30R
Mailed On or Before: 03/29/2001

NOTICE OF POTENTIAL LIABILITY

FEIN: 65-1054711

ATLANTICA TRADING COMPANY LLC
49 NAVARRE AVE STE 6
CORAL GABLES, FL 33134

You were recently assigned the Federal Employer Identification Number shown above.

If you have any employees in Florida, you may be liable under the Unemployment Compensation Law if you meet any of the following criteria:

- * You have a \$1500 quarterly payroll or at least one worker for twenty (20) weeks in a calendar year. Corporate officers performing services are considered employees (includes 'S' corporations).
- * You have a 501 (c) (3) IRS exemption with four (4) or more workers for twenty (20) weeks in a calendar year (Churches and church owned organizations are exempt).
- * You are an agricultural employer with a \$10,000 quarterly payroll or twenty (20) weeks in the year with five (5) or more workers.
- * You paid \$1000 in a quarter for domestic services in your private home or college club.
- * You are liable for federal unemployment taxes.

Please complete and return this form to the address shown above or you may call our Employer Information Center at the telephone number also shown above.

Date of first employment _____

Quarterly payroll _____

If none of the above criteria has been met, no response is necessary at this time.

Employer Registration Section