

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



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1054711** Applied For
65-1054711 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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

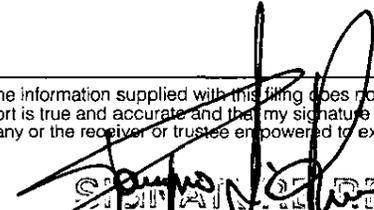
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DI PERSIA, GIAMPIERO 49 NAVARRE AVE SUITE #6 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DI PERSIA GIAMPIERO 10 NE 34th STREET MIAMI FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **REQUIRE** **03/26/2003** **(305) 576-3636**

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