

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2003 8:00 am**  
**Secretary of State**

04-01-2003 90032 027 \*\*\*\*55.00

0025739

**DOCUMENT # L02000027699**

1. Entity Name

**ATLANTIC IMPORTS, LLC**



Principal Place of Business

**15805 W WATERSIDE CIRCLE #105  
SUNRISE FL 33326**

Mailing Address

**15805 W WATERSIDE CIRCLE #105  
SUNRISE FL 33326**

2. Principal Place of Business

**15813 W Waterside Circle**

3. Mailing Address

**15813 W. Waterside Circle**

Suite, Apt. #, etc.

**202**

Suite, Apt. #, etc.

**202**

City & State

**Sunrise, FL**

City & State

**Sunrise, FL**

Zip

**33326**

Country

**Broward**

Zip

**33326**

Country

**Broward**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**13-4216456**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALEXANDRE, DIXON  
2750 W OAKLAND PARK BLVD., SUITE 10B  
OAKLAND PARK FL 33311**

7. Name and Address of New Registered Agent

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. 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

TITLE **MGR** ☒ Delete  
NAME **ECHEVERRI, CAROLINE**  
STREET ADDRESS **15805 W WATERSIDE CIRCLE #105**  
CITY-ST-ZIP **SUNRISE FL 33326**

TITLE **MGR** ☐ Delete  
NAME **GOMEZ, ANDRES**  
STREET ADDRESS **15805 W WATERSIDE CIRCLE #105**  
CITY-ST-ZIP **SUNRISE FL 33326**

TITLE **MGR** ☐ Delete  
NAME **GONZALEZ, ADRIANA**  
STREET ADDRESS **15805 W WATERSIDE CIRCLE #105**  
CITY-ST-ZIP **SUNRISE FL 33326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **15813 W. Waterside Circle # 202**  
CITY-ST-ZIP **Sunrise, FL 33326**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **15813 W. Waterside Circle # 202**  
CITY-ST-ZIP **Sunrise, FL 33326**

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

TITLE ☐ Change ☐ Addition  
NAME  
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 RECEIVED**

**Adriana Gonzalez**

**3-26-03**

**954-6407771**

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

Date

Daytime Phone #

CR2E083 (10/02)