

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90083 020 \*\*\*150.00

**DOCUMENT # L62462**

1. Entity Name  
**ATLANTIC RESTAURANT & FISH MARKET CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3716 W 12TH AVE HIALEAH FL 33012	3716 W 12TH AVE HIALEAH FL 33012-4126

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	65-0194576	Applied For
		Not Applicable

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

**ACOSTA, RAMON ALFONSO**  
**3716 W. 12TH AVE.**  
**HIALEAH FL 33012**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (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, 2000 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ACOSTA, RAMON A</b>	
STREET ADDRESS	<b>2730 WEST 61ST PLACE #202</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ACOSTA, MINERVA</b>	
STREET ADDRESS	<b>2730 WEST 61ST PLACE #202</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **RECORDED** Date: **4/30/00** Daytime Phone #: **305 362 7109**

CR2E034 (9/99)