

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008324**

1. Entity Name
ATOCHA/MARGARITA MEL-LENNIUM EXPEDITION, L.C.

FILED

00 JAN 28 PM 4:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**200 GREENE STREET
 KEY WEST FL 33040**

Mailing Address
**200 GREENE STREET
 KEY WEST FL 33040-6516**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applied For

Zip

Country

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

**CRYSTALS RECOVERY, INC.
 200 GREENE STREET
 KEY WEST FL 33040**

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	MGR CRYSTALS RECOVERY, INC. ATTN: KIM FISHER 200 GREENE STREET KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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300003121063
 02/02/00-01080-002
 *****50.00 *****

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: *Kim Fisher* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/25/00 (305)296-6533
 Date Daytime Phone #