

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001079

1. Entity Name
ATLANTICA USA LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 21 AM 10: 02

Principal Place of Business
CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address
CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801



2. Principal Place of Business
500 South Dixie Hwy.
Suite, Apt. #, etc.

3. Mailing Address
3300 Highway #7 West
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, Florida

City & State
Concord, Ontario

Zip
33432

Country
USA

Zip
L4K 4M3

Country
Canada

4. FEI Number
98-0210569 APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLANTIC NETWORK (BERMUDA) LTD. 2 CARTERS BAY RD SOUTHSIDE ST DAVIDS BERMUDA DD02	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003380251--2 -09/01/00--01061--004	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: SIGNATURE REQUIRED Date: July 24/00 Daytime Phone #: 905-760-7999

CR2E083 (5/00)