FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90033 011 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021984

Entity Name
AT E'S, INC.

Principal Place of Business   Mailing Address
18850 S.W. 197 Avenue
Miami, FL 33187

A0055291

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 18850 S.W. 197 Avenue	3. Mailing Address:
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State:
Zip: 33187 — Country: Miami-Dade	Zip: — Country:

4. FEI Number 65-0992609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Eduardo Gil
18850 S.W. 197 Avenue
Miami, FL 33187

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE BY MAY 1, 2001 FEE IS $150.00
After MAY 1, 2001 Fee is $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D President Eduardo Gil 18850 S.W. 197 Ave. ~~Miami, FL 33187~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary-Treasurer EDITH GIL ☐ 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 ☐ Change ☐ Addition
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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] EDUARDO GIL - 4-15-01 (305) 233-5882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR