

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90033 011 ***150.00

DOCUMENT # P00000021984
Entity Name
AT E'S, INC.

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

A0055291

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

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

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

DO NOT WRITE IN THIS SPACE

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.** **(R011 - Registered Agent signatures required when renewing)** **DATE**

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

FEI: 65-0992609
APR MAY 1, 2001 - \$500.00
Make Check Payable to: Secretary of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

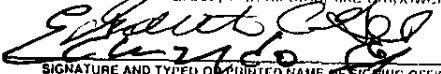
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President ☐ Delete Eduardo Gil 18850 S.W. 197 Ave. Miami, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Secretary-Treasurer EDITH GIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:  **EDUARDO GIL - 4-15-01 (805) 233-5882**