

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90938 002 ***150.00

DOCUMENT # P00000023876

1. Entity Name

ATLAS INSURANCE ASSOCIATES, INC.

Principal Place of Business

**18467 S. DIXIE HIGHWAY
 MIAMI FL 33157**

Mailing Address

**18467 S. DIXIE HIGHWAY
 MIAMI FL 33157**

2. Principal Place of Business

17360 S. DIXIE HWY.

Suite, Apt. #, etc.

3. Mailing Address

17360 S. DIXIE HWY.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33157

Country

USA

Zip

33157

Country

USA

4. FEI Number

65-0987393

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LUGONES, PEDRO

**17360 S. Dixie Hwy.
 Miami, Florida 33157**

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 requirements and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 ☐ Delete
 NAME **PVST**
 STREET ADDRESS **LUGONES, PEDRO**
 CITY-ST-ZIP **18467 S. DIXIE HIGHWAY
 MIAMI FL 33157**

TITLE ☒ Change ☐ Addition
 NAME **PVST**
 STREET ADDRESS **LUGONES, PEDRO**
 CITY-ST-ZIP **17360 S. DIXIE HWY.
 MIAMI, FL 33157**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LUGONES, PEDRO**
 CITY-ST-ZIP **18467 S. DIXIE HIGHWAY
 MIAMI FL 33157**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **LUGONES, PEDRO**
 CITY-ST-ZIP **17360 S. DIXIE HWY.
 MIAMI, FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro Lugones

04/25/2001

Date

(305) 253-4424

Daytime Phone #

CR2E034 (10/00)