

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90351 045 ***558.75

DOCUMENT # P00000023876

1. Entity Name
ATLAS INSURANCE ASSOCIATES, INC.

Principal Place of Business

**17360 S DIXIE HWY
 MIAMI FL 33157**

Mailing Address

**17360 S DIXIE HWY
 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

Mia FL

City & State

Mia FL

4. FEI Number

65-0987393

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33157

Country

USA

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

6. Name and Address of Current Registered Agent

LUGONES, PEDRO

17360 S DIXIE HWY

MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Pedro Lugones

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

17360 S. Dixie Hwy

Mia FL 33157

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

Pedro Lugones

6/4/02

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 NOW!!! FEE IS \$150.00
After May 1, 2002 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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Pedro Lugones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/02

Date

Daytime Phone #

305-253-4424

CR2E034 (9/01)