

APPROVED
AND
FILED

03 JUN 16 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028127

1. Entity Name
ATES AMERICA, INC.



Principal Place of Business
7319 NW 56 AVE.
MIAMI, FL 33166

Mailing Address
7319 NW 56 AVE.
MIAMI, FL 33166

2. Principal Place of Business
7350 WEST 16 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
7350 WEST 16 AVENUE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
HIALEAH
Zip
33014

City & State
HIALEAH
Zip
33014

4. FEI Number
65-0996116

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MORA, ALBERTO
7319 NW 56 AVE.
MIAMI, FL 33166

7. Name and Address of New Registered Agent
Name
JOSE O. MARTIN
Street Address (P.O. Box Number is Not Acceptable)
7350 WEST 16 AVENUE
City
HIALEAH FL Zip Code
33014

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. PIMENTEL ROSARIO
7319 NW 56 AVE
MIAMI, FL, FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. MORA ALBERTO
7319 NW 56 AVE
MIAMI, FL, FL 33166 ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP JOSE O MARTIN
7350 WEST 16 AVENUE
HIALEAH FL 33014 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000020817500
06/13/03--01023--010 **550.00 ☐ Change ☐ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)