2001 UNIFORM BUSINESS REPORT (UBR)

07-19-2001 90008 001 *****8.75
07-19-2001 90008 002 ***150.00

DIVISION OF CORPORATIONS

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DOCUMENT # P00000029636

1. Entity Name
Advanced Alternative Translating Corporation

Principal Place of Business | Mailing Address
Dupont Plaza Business Center
300 Biscayne Blvd. Way, Suite 705
Miami, FL 33131

2. Principal Place of Business	3. Mailing Address
Same as above	same as above
Suite, Apt. #, etc. n/a	Suite, Apt. #, etc. n/a
City & State n/a	City & State n/a
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0997102 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Francis R. Icaza
14365 S.W. 98th. Terr.
Miami, FL 33186

7. Name and Address of New Registered Agent
Name Francis R. Icaza
Street Address (P.O. Box Number is Not Acceptable) 300 Biscayne Blvd. Way, Suite 705
City Miami FL Zip Code 33131

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 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 President NAME Francis R. Icaza STREET ADDRESS 14365 S.W. 98th. Terr. CITY-ST-ZIP Miami, FL 33186	☐ Delete	☐ Change ☐ Addition 300004609973-- -09/25/01--01029--001 ****391.25 ****391.25
TITLE Vice-President NAME Araceli Matus Silva STREET ADDRESS 8649 S.W. 154th. Cir. Pl. CITY-ST-ZIP Miami, FL 33193	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition 9/21
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (11/00)

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: ______________________ June 20, 2001 305 377-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #