

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90008 003 ***150.00

DOCUMENT # P00000070063

1. Entity Name

ATLANTIS INTERNATIONAL PERFUME DISTRIBUTORS, INC

Principal Place of Business

19 W. FLAGLER STREET
311
MIAMI FL 33130

Mailing Address

19 W. FLAGLER STREET
311
MIAMI FL 33130

2. Principal Place of Business

11401 NW 12th St
Suite, Apt. #, etc.
133

City & State
Miami, FL

Zip
33172

Country
Dade

3. Mailing Address

11401 NW 12th St
Suite, Apt. #, etc.
133

City & State
Miami, FL

Zip
33172

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1027893**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SUSTIEL, OFFER
19 W. FLAGLER STREET
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

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

11401 NW 12th St #133
Miami

City

FL

Zip Code

33172

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

4-29-02

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 **D** ☐ Delete
 NAME **SUSTIEL, OFFER**
 STREET ADDRESS **19 W. FLAGLER STREET**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Pres**
 STREET ADDRESS **Offer Sustiel**
 CITY-ST-ZIP **11401 NW 12th St #133**
Miami, FL 33172

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

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

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 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 an officer like empowered.

SIGNATURE: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
Offer Sustiel

Date

3/21/02

Daytime Phone #

CR2E034 (9/01)