2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90106 021 ***150.00

DOCUMENT # P00000103615

1. Entity Name
ATC - AMERICA TRADE CENTER INC.

Principal Place of Business	Mailing Address
2000 BRIDGEVIEW CIR.	2000 BRIDGEVIEW CIR.
ORLANDO FL 32824-5608	ORLANDO FL 32824-5608

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
111 CLAYTON AVENUE	111 CLAYTON AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CELEBRATION, FL	City & State: CELEBRATION, FL
Zip: 34747 Country: USA	Zip: 34747 Country: USA

4. FEI Number 59-3736034 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALMEIDA, RICARDO B
2000 BRIDGEVIEW CIR.
ORLANDO FL 32824-5608

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 111 CLAYTON AVENUE
City CELEBRATION **FL** Zip Code 34747

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALMEIDA, RICARDO B 111 CLAYTON AVENUE CELEBRATION FL 34747 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 01/04/2003 321 9390622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #