

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90438 014 \*\*\*150.00

DOCUMENT # 901000020361

1. Entity Name

ATRAST, CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

600 Brickell Av.

3. Mailing Address

600 Brickell Av

Suite, Apt. #, etc.

Suite 300-M

Suite, Apt. #, etc.

Suite 300-M

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-108400

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Ileana ARIAS TOVAR

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

9900 Stirling Rd suite 218

City

Cooper City

FL

Zip Code

33024

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD  
NAME RAMON LOUREDO  
STREET ADDRESS 6301 Collins Av #2205  
CITY-ST-ZIP Miami Beach FL 33141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME Peteris VANAGS  
STREET ADDRESS 6301 Collins Av #2205  
CITY-ST-ZIP Miami Beach FL 33141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME VICTOR KONG  
STREET ADDRESS 6301 Collins Av. #2205  
CITY-ST-ZIP Miami Beach FL 33141

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/01)