

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91515 038 ***150.00

DOCUMENT # P01000097336

1. Entity Name
ATLANTIS CHEMICAL PRODUCTS USA, INC.



Principal Place of Business
~~7318 NW 79TH TERR.~~
~~MIAMI, FL 33166~~

Mailing Address
~~7318 NW 79TH TERR.~~
~~MIAMI, FL 33166~~

2. Principal Place of Business

8360 NW 74 AVE

Suite, Apt. #, etc.

3. Mailing Address

8360 NW 74 AVE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FL

Zip
33166 Country

City & State

MIAMI, FL

Zip
33166 Country

4. FEI Number

65-1148290

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MEDINA VARGAS, JUAN J.~~
~~7318 NW 79TH TERR.~~
~~MIAMI, FL 33166~~

7. Name and Address of New Registered Agent

Name **Antonio Cambor**

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

8360 NW 74 AVENUE

City **MIAMI**

FL

Zip Code

33166

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 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

☒ Delete

TITLE
NAME **PD MEDINA VARGAS, JUAN J**
STREET ADDRESS **7318 NW 79TH TERR.**
CITY-ST-ZIP **MIAMI, FL 33166**

☒ Delete

TITLE
NAME **VD PERALTA, EVY**
STREET ADDRESS **7318 NW 79TH TERR.**
CITY-ST-ZIP **MIAMI, FL 33166**

☒ Delete

TITLE
NAME **TD PERALTA, EDGAR J**
STREET ADDRESS **7318 NW 79TH TERR.**
CITY-ST-ZIP **MIAMI, FL 33166**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☒ Addition

TITLE
NAME **PIVISTID Antonio Cambor**
STREET ADDRESS **7318 NW 79 Terr**
CITY-ST-ZIP **Miami, FL 33166**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 duly empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)