

FILED  
Apr 21, 2003 8:00 am  
Secretary of State

04-21-2003 90505 049 \*\*\*158.75

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

DOCUMENT # P01000108092

1. Entity Name

ATLANTIS SOLUTIONS



**DO NOT WRITE IN THIS SPACE**

90099652

2. Principal Place of Business  
600 Brickell Ave.

3. Mailing Address  
2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.  
206-G

Suite, Apt. #, etc.  
Suite 240

City & State  
Miami, Florida

City & State  
Coral Gables, Florida

Zip  
33131

Country

Zip  
33134

Country

4. FEI Number 65-1151583

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Gabriel Prats

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

2121 Ponce de Leon Suite 240

City Coral Gables, Florida

FL Zip Code  
33134

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPTS  
Chaverra, Leonardo V.  
600 Brickell Ave. 206-G  
Miami, Florida 33131

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVST  
Rios, Luz M.  
600 Brickell Ave. 206-G  
Miami, Florida 33131

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPST  
Marin, Alejandro V.  
600 Brickell Ave. 206-G  
Miami, Florida 33131

TITLE  
NAME  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03 305 444 8333

Date

Daytime Phone #

CR2E034B (12/02)