

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

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90010 008 ***150.00

DOCUMENT # P01000120735

1. Entity Name

ALTAMAR, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1223 Lincoln Road

Suite, Apt. #, etc.

3. Mailing Address
1223 Lincoln Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Beach, Florida

City & State
Miami Beach, Florida

4. FEI Number
01-0567656

Applied For
Not Applicable

Zip
33139

Country
USA

Zip
33139

Country
USA

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

7. Name and Address of Current Registered Agent

Name
THOMAS G. SHERMAN, ESQ., P.A.

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

CORAL GABLES, FLORIDA 33134

City Coral Gables **FL** **Zip Code** 33134

**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 re-issuing)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Claudio Giordano
1111 Crandon Boulevard, #B110610
Key Biscayne, Florida

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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)