

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90093 009 ***150.00

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1. Entity Name
ATLANTIC OCEAN INTERNATIONAL, CORP.



Principal Place of Business
651 NW 82 AVE. SUITE #115
MIAMI FL 33126

Mailing Address
651 NW 82 AVE. SUITE #115
MIAMI FL 33126

2. Principal Place of Business
6748 NW 72 Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number

75-2996782

Applied For

Not Applicable

Zip
33126

Country
USA

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OCHOA, EDITH
651 NW 82 AVE. SUITE #115
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 the registered agent.

SIGNATURE *Edith Ochoa*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/2003

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

TITLE **PD** ☐ Delete
NAME **OCHOA, EDITH**
STREET ADDRESS **651 NW 82 AVE. SUITE #115**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VD** ☒ Delete
NAME **ARTEAGA, ARACELI**
STREET ADDRESS **651 NW 82 AVE. SUITE #115**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **SD** ☐ Delete
NAME **OCHOA, MARTA C**
STREET ADDRESS **651 NW 82 AVE. SUITE #115**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **TD** ☐ Delete
NAME **OCHOA, JOSEFINA C**
STREET ADDRESS **651 NW 82 AVE. SUITE #115**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **SD** ☐ Delete
NAME **ACUNA, CRISTOBAL A**
STREET ADDRESS **651 NW 82 AVE. SUITE #115**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

Edith Ochoa
EDITH OCHOA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2003

Date

305-888-9938

Daytime Phone #

CR2E034 (10/02)