APPROVED AND FILED

03 JUL -8 PM 4:04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000131499

1. Entity Name
A.T.A. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2642 TARPON DRIVE MIRAMAR, FL 33023	2642 TARPON DRIVE MIRAMAR, FL 33023

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11980 NW 4th Court Suite, Apt. #, etc.	11980 NW 4th Court Suite, Apt. #, etc.
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33325 Country: USA	Zip: 33325 Country: USA

4. FEI Number: 71-0918644 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOUCET, ELISA 6236 SEMINOLE TERRACE MARGATE, FL 33063	Name: Florentino Santisteban Street Address (P.O. Box Number Is Not Acceptable): 11980 NW 4th Court City: Plantation **FL** Zip Code: 33325

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 _____ 6/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANTISTEBAN, FLORENTINO 2642 TARPON DRIVE MIRAMAR, FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TOMAS TAVARES, ALVIONE 2642 TARPON DRIVE MIRAMAR, FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500021196805 ☐ Change ☐ Addition 06/30/03--01069--012 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TELEHIA, ESTHER 7873 SW 5TH STREET NORTH LAUDERDALE, FL 33068	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SANTISTEBAN, FLORENTINO 2642 TARPON DRIVE MIRAMAR, FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ 6/14/03 954-394-6214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #