

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

FILED
Apr 18, 2006 08:00 AM^{ATx}
Secretary of State

DOCUMENT #	P05000065409
1. Entity Name	
ATLANTIC COMMERCE & SERVICES CORP	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5450 E 3 AVE		Suite, Apt. #, etc.	
City & State		City & State	
HIALEAH, FL			
Zip	Country	Zip	Country
33013			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-2813652	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PEREZ, RUBENS
Street Address (P.O. Box Number is Not Acceptable)
5450 E 3 AVE
City
HIALEAH
FL
Zip Code
33013

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 RUBENS PEREZ **4/12/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEREZ, RUBENS
STREET ADDRESS	5450 E 3 AVE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	V
NAME	MORENO, MARIA G
STREET ADDRESS	5450 E 3 AVE
CITY-ST-ZIP	HIALEAH, FL 33013
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IN THIS SPACE**

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: RUBENS PEREZ, PRESIDENT **4/12/2006** **(305) 828-6207**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**