

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90009 036 ***550.00

0140188 SP

DOCUMENT # P94000055314

1. Entity Name

ATLANTIC MONTANA, CORP.

Principal Place of Business

C/O CHENKIN
 8551 WEST SUNRISE BLVD., SUITE 208
 PLANTATION 33 32255
 US

Mailing Address

C/O CHENKIN
 8551 WEST SUNRISE BLVD., SUITE 208
 PLANTATION 33 32255
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0507656**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CHENKIN, DAVID A ESQ
 8551 WEST SUNRISE BLVD.
 SUITE 208
 PLANTATION FL 33322

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **OCCHIONERO, MARCELO**
 STREET ADDRESS **6781 ENTRADA PLACE**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2270 NW 30th Place**
 CITY-ST-ZIP **Pompano Beach, FL 33069**

TITLE **D** ☒ Delete
 NAME **DIAZ, OSVALDO J**
 STREET ADDRESS **7951 S.W. 48TH ST.**
 CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/01

Date

754 977-8900

Daytime Phone #

CR2E034 (5/01)