

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010226

1. Entity Name

ATLANTIC EXPRESS COMPANY

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90087 022 ***163.75

Principal Place of Business

19610 SW 115TH AVE #100
 MIAMI FL 33157
 US

Mailing Address

P.O. BOX 971343
 MIAMI FL 33157
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FFI Number 65-0564820

Applied for
 Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PASTOR, FIGUEROA *FIGUEROA*
 19610 S.W. 115TH AVENUE
 MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

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

City

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 rechartering)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD FIGUEROA, PASTOR 19610 S.W. 115TH AVENUE MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD FIGUEROA, EUSEBIA 19610 S.W. 115TH AVENUE MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP VISCENTE RAMOS 19610 S.W. 115TH AVENUE MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

CR2E034 (10.00)