

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90383 042 ***150.00

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DOCUMENT # P95000015192

1. Entity Name
ATLAS SERVICES GROUP USA, INC.



Principal Place of Business
**441 FLORIDA BLVD.
MIAMI FL 33144**

Mailing Address
**441 FLORIDA BLVD.
MIAMI FL 33144**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0558015**

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

**MOLINA, PAULINA
441 FLORIDA BLVD
MIAMI FL 33144**

Name **Gerardo Molina**
Street Address (P.O. Box Number is Not Acceptable)
441 Florida Blvd.
Miami, FL 33144
City **Miami** **FL** Zip Code **33144**

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 *Gerardo Molina*

4/29/03

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 **P** ☒ Delete
NAME **MOLINA, PAULINA**
STREET ADDRESS **441 FLORIDA BLVD.**
CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☒ Change ☐ Addition
NAME **Gerardo Molina**
STREET ADDRESS **441 Florida Blvd.**
CITY-ST-ZIP **Miami, FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Gerardo Molina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (305)261-4730

Date

Daytime Phone #

CR2E034 (10/02)