

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011779

1. Entity Name

ATLANTICA INTERNATIONAL CORP.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90083 015 \*\*\*150.00

Principal Place of Business

7601 E. TREASURE DRIVE  
APT. 1023  
N BAY VILLAGE FL 33141

Mailing Address

7601 E. TREASURE DRIVE  
APT. 1023  
N BAY VILLAGE FL 33141

2. Principal Place of Business

1012 NE 203rd LN

3. Mailing Address

1012 NE 203rd LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N Miami BEACH FL N Miami,

4. FEI Number

65-0644954

Applied For

Not Applicable

Zip

Country

33179 USA

Zip

Country

33179 USA

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

SOARES, JACQUELINE S  
7601 E. TREASURE DRIVE  
APT. 1023  
N BAY VILLAGE FL 33141

Name JACQUELINE SOARES

Street Address (P.O. Box Numbers Not Acceptable)

1012 NE 203rd LN

City Miami BEACH

FL

Zip 33179

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SOARES, JACQUELINE S	
STREET ADDRESS	7601 E. TREASURE DRIVE APT. 1023	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)