

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056311

1. Entity Name
ALTOMAR, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90016 024 ***150.00

Principal Place of Business

4024 COLLINS AVE
21
SURFSIDE FL 33154

Mailing Address

4024 COLLINS AVE
21
SURFSIDE FL 33154

2. Principal Place of Business

9024 COLLINS AVE
Suite, Apt. #, etc. # 21

3. Mailing Address

9024 COLLINS AVE
Suite, Apt. #, etc. # 21

City & State
SURFSIDE FL

City & State
SURFSIDE FL

4. FEI Number 65-0696691

Applied For
Not Applicable

Zip
33154

Country
U.S.A

Zip
33154

Country
U.S.A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, DAVID
407 LINCOLN ROAD
SUITE 701
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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 13, 2000 Min. 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

TITLE PSTD
NAME GOIHMAN, DAVID
STREET ADDRESS 9024 COLLINS AVE #21
CITY-ST-ZIP SURFSIDE FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-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)(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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GOIHMAN

9-7-2000

(305) 812-5094

Date

Daytime Phone #

CR2E034 (5/00)

attachment # P960000530311

Bol 05977

ALTOMAR INC.

9024 Collins Avenue
Surfside, Florida 33154

September 7, 2000.

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Dear Sirs:

I am enclosing the 2000 UBR form with the proper changes and check in the amount of \$150.00 with the hope that you will accept it. Aproximately in the month of June I call your office and requested the form for Altomar Inc. I was informed that the form was mailed in time, but to the wrong address, and that they will send a new one at the correct address. The form was received this morning as you can see the address was incorrect again.

At this time please take note of the changes of address for future correspondence at the same time you can loock at our past record of payment and you will see that we never late in filing.

very truly yours


Altomar, Inc.

Phone 305 865 4229

Fax 305 865 2949

Email Goihman@aol.com