

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90063 005 \*\*\*150.00

**80036846**

DOCUMENT # **P-960000 81818**

1. Entity Name  
**ATLANTIC USA INVESTMENTS INC**

Principal Place of Business

**708 MARINE DR  
 PEMBROKE PARK  
 FL 33009**

Mailing Address

**P.O. Box 222564  
 HOLLYWOOD, FL 33022**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 222564**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**HOLLYWOOD FL**

4. FEI Number

**65-0698065**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33022 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

**ROGER LAROUCHELLE  
 708 MARINE DR  
 PEMBROKE PARK  
 FL 33009**

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

**Roger Larouche**

**3/7/00**

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, 2000, 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 **1** ☐ Delete  
 NAME **P LAROUCHELLE ROGER**  
 STREET ADDRESS **708 MARINE DR**  
 CITY-ST-ZIP **PEMBROKE PARK FL 33009**

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

TITLE **5** ☐ Delete  
 NAME **GAGNON COLETTE**  
 STREET ADDRESS **708 MARINE DR**  
 CITY-ST-ZIP **PEMBROKE PARK FL 33009**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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:

**Roger Larouche**

**3-7-00 964-552-5058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)