

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084846

1. Entity Name

ATLAS CONCORDE U.S.A., INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90037 042 ***150.00

Principal Place of Business

Mailing Address

1700 N DIXIE HWY
 SUITE 141
 BOCA RATON FL 33432
 US

1700 N DIXIE HWY
 SUITE 141
 BOCA RATON FL 33432-1807
 US



DO NOT WRITE IN THIS SPACE

CORRECTED FED ID #

2. Principal Place of Business
 7921 NW 21 STREET

3. Mailing Address
 7921 NW 21 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FEI Number
 65-0712675 ~~65-0712223~~

Applied For
 Not Applicable

Zip
 33122

Country
 U.S.A.

Zip
 33122

Country
 U.S.A.

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

MINGHETTI, CLAUDIO
 125 N OCEAN BLVD
 BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)
 7921 NW 21 STREET

City
 MIAMI

FL

Zip Code
 33122

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.

CLAUDIO MINGHETTI

APRIL 25, 2000

(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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 MINGHETTI, CLAUDIO
 7900 GRANADA PLACE., #1102
 BOCA RATON FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MINGHETTI, CLAUDIO
 7921 NW 21 STREET
 MIAMI, FL 33122 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIO MINGHETTI

APRIL 25, 2000

(305) 477-0002

Date

Daytime Phone #

CR2E034 (9/99)