

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91106 003 \*\*\*150.00

DOCUMENT # P96000084846

1. Entity Name

ATLAS CONCORDE USA, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2830 SW 42 STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

Zip

33312

Country

USA

Zip

Country

4. FEI Number

65-0712675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LUCA ZAGATTI

Street Address (P.O. Box Number is Not Acceptable)

2830 SW 42 STREET

City

HOLLYWOOD

FL

Zip Code  
33312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT, DIRECTOR	DAVOLI, MATTEO	2830 SW 42 STREET	HOLLYWOOD FL 33312
SECRETARY	PRAVETTONI, ALESSANDRO	2830 SW 42 STREET	HOLLYWOOD FL 33312
TREASURER	BARRY A. KRAMER	2830 SW 42 STREET	HOLLYWOOD FL 33312
DIRECTOR	MUSSINI, LUCA	2830 SW 42 STREET	HOLLYWOOD FL 33312

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY A. KRAMER

MARCH 12, 2003

954-791-3066

Date

Daytime Phone #