

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000021605**

1. Entity Name

INTERAMERICAN ATLANTIC DEVELOPMENT CORPORATION

Principal Place of Business

**340 ROYAL POINCIANA WAY STE 316
PALM BEACH FL 33480**

Mailing Address

**340 ROYAL POINCIANA WAY STE 316
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0733089**

Applied For

Not Applicable

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

**CARSON, DONALD W
340 ROYAL POINCIANA WAY STE 316
PALM BEACH FL 33480**

Name

Armando A. Tabernilla

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

340 Royal Poinciana Way, Suite 316

City

Palm Beach**FL**

Zip Code

33480

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

Armando A. Tabernilla 2/1/01

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	DC	<input type="checkbox"/> Delete
NAME	FANJUL, ALFONSO	
STREET ADDRESS	340 ROYAL POINCIANA WAY STE 316	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	DVC	<input type="checkbox"/> Delete
NAME	FANJUL, JOSE F	
STREET ADDRESS	340 ROYAL POINCIANA WAY STE 316	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	DP	<input type="checkbox"/> Delete
NAME	SARDINAS, ALINA	
STREET ADDRESS	340 ROYAL POINCIANA WAY STE 316	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Fernandez, Luis J.		
STREET ADDRESS	340 Royal Poinciana Way, Suite 316		
CITY-ST-ZIP	Palm Beach, FL 33480		

TITLE	DEV	<input type="checkbox"/> Delete
NAME	SARDINAS, JORGE L	
STREET ADDRESS	340 ROYAL POINCIANA WAY STE 316	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	VS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Tabernilla, Armando A.		
STREET ADDRESS	340 Royal Poinciana Way, Suite 316		
CITY-ST-ZIP	Palm Beach, FL 33480		

TITLE	D	<input type="checkbox"/> Delete
NAME	PORTUONDO, AURELIO	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	S	<input type="checkbox"/> Delete
NAME	CARSON, DONALD W	
STREET ADDRESS	340 ROYAL POINCIANA WAY STE 316	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	EV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	See Attachment For Continuation Of Officers & Directors		
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

**Armando A. Tabernilla,
Vice President**

2/1/2001

Date

561-655-6303

Daytime Phone #

**FILED
Mar 14, 2001 8:00 am
Secretary of State**

03-14-2001 90520 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

ATTACHMENT TO
PROFIT
2001 UNIFORM BUSINESS REPORT (UBR)

633257

DOCUMENT #P97000021605 (5)

1. Corporation Name

INTERAMERICAN ATLANTIC DEVELOPMENT CORPORATION

11. - CONTINUED

ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blomqvist, Erik J.	
STREET ADDRESS	316 Royal Poinciana Plaza	
CITY-ST-ZIP	Palm Beach, Florida 33480	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hernández, Oscar R.	
STREET ADDRESS	316 Royal Poinciana Plaza	
CITY-ST-ZIP	Palm Beach, Florida 33480	