

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000049773

1. Entity Name

ATLAS C. LINE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 17 PM 1:31

Principal Place of Business

Mailing Address

PO BOX 824821

PO BOX 824821

MIAMI, FL 33126

MIAMI, FL 33126

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

65-0806034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIRES, VILMAR

8066 NW 10th STREET #8

MIAMI, FL 33126

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)

05/01/00

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 SD
NAME FERRAZ FUCHS, PATRICIA
STREET ADDRESS PO BOX 824821
CITY-ST-ZIP SOUTH FLORIDA, FL 33082-4821

☐ Delete

TITLE
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200003441592--5
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N 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

05/01/00

Date

(954) 704-1100

Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2000 Uniform Business Report (UBR)
409 East Gaines Street
Tallahassee, FL 32399

Registered Mail: 7099 3220 0003 2581 7327

To Whom It May Concern:

This letter is to inform you that we have never received a
Uniform Business Report form in the mail.

We would like to request you that you forgive the penalty
of \$400 and accept the filling of our attached UBR, which
has been prepared by our accountant.

Any questions or concern, feel free to contact our
accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,

A handwritten signature in black ink, appearing to read 'P. Fuchs', with a horizontal line drawn above it.

PATRICIA FERRAZ FUCHS
ATLAS C. LINE, INC.
PO BOX 824821
MIAMI, FL 33126 US