2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90063 018 ***150.00

DOCUMENT # P97000071820

1. Entity Name

ATLANTIC PAPER, INC.

Principal Place of Business	Mailing Address
1662 NW 108 AVE MIAMI, FL. 33172	1662 NW 108 AVE MIAMI, FL. 33172

00056583

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7700 NW 79 PL Unit D-1	7700 NW 79 PL Unit D-1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33166 Country: U.S.A.	Zip: 33166 Country: U.S.A.

4. FEI Number: 65-0775599 ☐ 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
ALFREDO ALOM 600 NW 43 CT 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 _____ 04/26/01
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 $300.00
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	PD ENRIQUE BELLO 4688 NW 114th AVE #105 MIAMI, FL. 33172	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BENJAMIN DE OLIVEIRA 600 NW 43 CT MIAMI, FL. 33126	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALFREDO ALOM 600 NW 43 CT MIAMI, FL. 33126	☐ Delete	VSD ALFREDO ALOM 600 NW 43 CT MIAMI, FL. 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JORGE GOMEZ 600 NW 43 CY MIAMI, FL. 33126	☐ Delete	TD JORGE GOMEZ 4688 NW 114th AVE #105 MIAMI, FL. 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 04/27/01 305-513-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #