

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000078762**

1. Entity Name

ATLANTIC OVERSEAS EXPRESS, INC.**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90063 047 ***150.00

Principal Place of Business

7391 NW 35 ST
MIAMI FL 33122
US

Mailing Address

7391 NW 35 ST
MIAMI FL 33122
US

2. Principal Place of Business

8367 NW 74th STREET

Suite, Apt. #, etc.

3. Mailing Address

8367 NW 74th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI FL

4. FEI Number

65-0780905

Applied For

Not Applicable

Zip

33166

Country

US

Zip

33166

Country

US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, JORGE E S**7391 NW 35 ST****MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

GOMEZ, JORGE E S

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

8367 NW 74th STREET

City

MIAMI**FL**Zip Code
33166

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)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GOMEZ, JORGE E**
STREET ADDRESS **7391 NW 35TH ST**
CITY-ST-ZIP **MIAMI FL 33122**TITLE **VD** ☐ Delete
NAME **LEON, MARIA L**
STREET ADDRESS **7391 NW 35TH ST**
CITY-ST-ZIP **MIAMI FL 33122**TITLE **SD** ☐ Delete
NAME **CASTRO, NORCKZIA E**
STREET ADDRESS **7391 NW 35TH ST**
CITY-ST-ZIP **MIAMI FL 33122**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

01/17/2001

Date

(305) 715-0344

Daytime Phone #

CR2E034 (10/00)