2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000078762 **DOCUMENT#** 1. Entity Name

ATLANTIC OVERSEAS EXPRESS, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90027 041 ***150.00

					S. W. A.S.					
Principal Place of Business 8367 NW 74TH STREET MIAMI FL 33166 US			Mailing Address 8367 NW 74TH STREET MIAMI FL 33166 US							
2. Principal Place of Business 74sT 3. Mailing Address										
Suite, Apt	# etc B - Blog	e, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State Mam Flouda			City & State			4. FEI Number 65-0780905			pplied For lot Applicable	
^{Zip} 33	166 Country	S A Zip		Country		5. Certificate of Status Desired	└ Fe	B.75 Ad e Require		1
- i	o. Hame and Address	ss of Current Hegister	a Agent	Name	 	7. Name and Address of New I	negistered Ag	ent		┨
GOMEZ, JORGE E S 8367 NW 74TH STREET					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33166					-					-
ج المالة الم				City			FL	Zip Coo	de	-
8. The above the obligation	e named entity submits thi tions of registered agent.	s statement for the purp	ose of changing its r	egistered office	or registere	ed agent, or both, in the State of Fl	lorida. I am fam	niliar with,	, and accept	
SIGNATURE	Signature, typed or printed name of	of registered agent and title if app	licable. (NOTE:	Registered Agent sig-	nature required w	when reinstating)	DATE		 .	
	ILE NOW!!! FEE IS		· · · · · · · · · · · · · · · · · · ·			9. Election Campaign Fi	nancing	\$5.0)0 May Be	1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State						Trust Fund Contribution		Adde	d to Fees	
10.		FICERS AND DIRECTO		11.	, · · ·	ADDITIONS/CHANGES TO OFF	FICERS AND DI	RECTOR]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, JORGE E 7391 NW 35TH ST MIAMI FL 33122		L Delete	NAME STREET ADDRESS CITY-ST-ZIP	8361 6044	ez, Jorge E 1 N.W. 74 ET UNIT aris, cl 33161	B- Bldg	Change	☐ Addition	CR2Fn34 (10/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEON, MARIA L 7391 NW 35TH ST MIAMI FL 33122		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leon 836 Ma	They Epf wa	-B- B10	Change	☐ Addition	CRO
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP) Change	☐ Addition	

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 Block 11 if changed, or on an attachment with an appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND