

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079847

1. Entity Name
ATLANTIC IMPORT AND EXPORT OF FLORIDA, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90012 010 ***150.00

Principal Place of Business
11286 S.W. 92ND PLACE
MIAMI FL 33176

Mailing Address
11286 S.W. 92ND PLACE
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0780639

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GARCIA, MERCEDES
11286 SW 92ND PLACE
MIAMI FL 33176

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 _____ (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	PD	☐ Delete
NAME	SOTOLONGO, OSCAR	
STREET ADDRESS	11286 SW 92ND PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	☐ Delete
NAME	SOTOLONGO, NORA	
STREET ADDRESS	11286 SW 92ND PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	STD	☐ Delete
NAME	GARCIA, MERCEDES	
STREET ADDRESS	11286 SW 92ND PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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: *Mercedes Garcia* Mercedes Garcia, Secretary 3/28/01 305-235-2365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)