

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90036 010 ***150.00

953565

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P9800029609**
 1. Entry Name
ATLANTIC PACIFIC INVESTMENT & TRADING, INC.

Principal Place of Business Mailing Address
DEPT. PTY 2717 Unit C102 DEPT. PTY 2717 UNIT C102
1601 NW 97th Ave. 1601 NW 97th Ave.
Miami, FL 33172 Miami, FL 33172

Principal Place of Business 3. Mailing Address
 Suite Apt #, etc. Suite Apt #, etc.
 City & State City & State
 Zip Country Zip Country

4. FFI Number **65-0855296** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LASSO, JILMA M ESQ.
782 NW LE JEUNE RD.
SUITE # 440
MIAMI, FL 33126

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 the responsible (NOTE: Registered Agent's name is required when re-statuting) DATE

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP	☐ Delete	TITLE	☐ Change ☐ Addition
DIAGO DA SILVA, ISMAEL		NAME	
DEPT.PTY2717UNIT C 102 1601NW97AVE		STREET ADDRESS	
MIAMI, FL 33172		CITY- ST- ZIP	
VP	☐ Delete	TITLE	☐ Change ☐ Addition
DIAGO DA SILVA, ISMAEL		NAME	
DEPT.PTY2717UNIT C 102 1601NW 97 AVE		STREET ADDRESS	
MIAMI, FL 33172		CITY- ST- ZIP	
S	☐ Delete	TITLE	☐ Change ☐ Addition
DIAGO DA SILVA, ISMAEL		NAME	
DEPT.PTY 2717UNIT c102 1601 NW 97 AVE		STREET ADDRESS	
MIAMI, FL 33172		CITY- ST- ZIP	
T	☐ Delete	TITLE	☐ Change ☐ Addition
DE LEVY, GIOVANNA N		NAME	
DEPT.PTY 2717UNIT C 102 1601 NW 97AVE		STREET ADDRESS	
MIAMI, FL 33172		CITY- ST- ZIP	
	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
		STREET ADDRESS	
		CITY- ST- ZIP	
	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
		STREET ADDRESS	
		CITY- ST- ZIP	

I hereby declare that the information given above is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 of this report.

SIGNATURE: *Giovanna Chapellina*