

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P 98000039304*
1. Entity Name

Atlantic Cas Carrier Repairs Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8021 NW 91 Terrace.
Suite, Apt. #, etc.

3. Mailing Address
8021 NW 91 Terrace
Suite, Apt. #, etc.

City & State
Mecles Fls
Zip
33166

Country
UES

City & State
Miami
Zip
33126

Country
UES

4. FEI Number
650847395

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Lorge E Hernandez

Street Address (P.O. Box Number is Not Acceptable)
39 NW 75 Ave

Miami Fls

City

FL

Zip Code
33126

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE <i>PD</i> NAME <i>Lorge E. Hernandez</i> STREET ADDRESS <i>39 NW 75 Ave</i> CITY-ST-ZIP <i>Miami Fls 33126</i>	TITLE <i>400005194564--6</i> NAME <i>-04/05/02--01022--006</i> STREET ADDRESS <i>****158.75 ****158.75</i> CITY-ST-ZIP
TITLE <i>VDST</i> NAME <i>Oscar A. Rodriguez</i> STREET ADDRESS <i>19411 SW 129 Ct</i> CITY-ST-ZIP <i>Miami Fls 33127</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #