

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062290

1. Entity Name
Attieve Solutions, Inc.

NC#
[Signature]

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90791 001 ***300.00

Principal Place of Business
Mailing Address
1200 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

2. Principal Place of Business
1200 Brickell Ave
Suite, Apt. #, etc.
Suite 900
City & State
Miami, Florida
Zip
33131
Country
U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0855684
Applied For
Not Applicable
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
Name
AGI Registered Agents, Inc
Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Ave Suite 900
City
Miami FL Zip Code
33131

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	Fernando De Angulo, Juan	
STREET ADDRESS	4206 N.W. 65 Ave.	
CITY - ST - ZIP	Coral Springs, Fl. 33067	
TITLE	S	<input type="checkbox"/> Delete
NAME	De Angulo, Barbara Myriam	
STREET ADDRESS	4206 N.W. 65 Ave.	
CITY - ST - ZIP	Coral Springs, Fl. 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this report or supporting documents is true and correct, 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 recipient of this report, or a person who has prepared this report as required by Chapter 607, Florida Statutes, and that my name appears on this report or on an attachment with an order of withdrawal like and as required.

SIGNATURE: *[Signature]* 4/30/02