

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004699

1. Entity Name

ALTAMIRA OVERSEAS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90436 015 ***150.00

Principal Place of Business

201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134-5108

2. Principal Place of Business

4131 LAGUNA ST

Suite, Apt. #, etc.

3. Mailing Address

4131 LAGUNA ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES FL

City & State
CORAL GABLES, FL

4. FEI Number

65-0900635

Applied For

Not Applicable

Zip

33134

Country

U.S.

Zip

33134

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

LILIANA V. AVELLAN, Esq -

Street Address (P.O. Box Number is Not Acceptable)

201 ALHAMBRA CIRCLE SUITE 500

City

CORAL GABLES

FL

Zip Code

33134

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, 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

11. OFFICERS AND DIRECTORS

TITLE PD
NAME PINEIRO, SALUSTIANO
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 711
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP/D
NAME ROBERTO M. MARTINEZ
STREET ADDRESS 4131 LAGUNA ST.
CITY-ST-ZIP CORAL GABLES, FL. 33134 ☐ Change ☒ Addition

TITLE S/D
NAME MANUEL V. POSE
STREET ADDRESS 4131 LAGUNA ST.
CITY-ST-ZIP CORAL GABLES, FL. 33134 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALUSTIANO PINEIRO 4/28/00

Date

305 446 1166

Daytime Phone #

CR2E034 (9/99)