

2000 UNIFORM BUSINESS REPORT (UBR)

6/9/01

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-09-2000 90002 002 ***150.00

DOCUMENT # P990000005165

Entity Name *Atlantic Security Service* ✓

Principal Place of Business *7175 S.W. 8th St #202 Miami FL 33144*

Mailing Address *7175 S.W. 8th St Miami FL 33144*

| | | | | | | |
|---|---------|---------------------|---------|---|--|----------------|
| Principal Place of Business | | 3. Mailing Address | | 4. FET Number <i>65-0888437</i> | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Not Applicable |
| City & State | | City & State | | DO NOT WRITE IN THIS SPACE | | |
| Zip | Country | Zip | Country | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| <i>Cordones Aurora</i> | | | | Name | | |
| <i>7175 S.W. 8th St #202</i> | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| <i>Miami FL 33144</i> | | | | 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 _____

Signature, typed or printed name of registered agent and title if applicable.

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | <i>Cordones Aurora</i> <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>7175 S.W. 8th St #202</i> | NAME | |
| STREET ADDRESS | <i>Miami FL 33144</i> | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *[Signature]* **4-26-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)