

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011744

1. Entity Name
ATF MANAGEMENT SYSTEMS, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90042 022 ***158.75

Principal Place of Business
9390 N.W. 109TH STREET
MEDLEY FL 33178-1225
5

Mailing Address
9390 N.W. 109TH STREET
MEDLEY FL 33178-1225
5

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0802002

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG
2100 SALXEDO STREET
SUITE 300
CORAL GABLES FL 33134

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

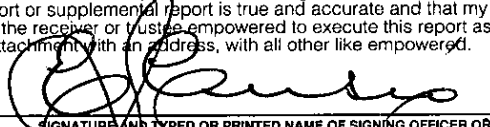
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	SMITH, RAUL		NAME	SMITH, RAUL	
STREET ADDRESS	101 MADEIRA AVE		STREET ADDRESS	9390 NW 109 ST	
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	VDS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SOTOLONGO, RAUL		NAME		
STREET ADDRESS	9390 NE 109TH ST		STREET ADDRESS		
CITY-ST-ZIP	MEDLEY FL 33178		CITY-ST-ZIP		
TITLE	TDP	☐ Delete	TITLE	TDP	☒ Change ☐ Addition
NAME	CELA, EDUARDO C		NAME	CUSCO, EDUARDO	
STREET ADDRESS	101 MADEIRA AVE		STREET ADDRESS	9390 NW 109 ST	
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP	MEDLEY FL 33178	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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:  **EDUARDO CUSCO** 01/17/01 (305) 496-2161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)