

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0284595
 AV

DOCUMENT # P99000011744

1. Entity Name
ATF MANAGEMENT SYSTEMS, INC.

04-02-2002 90091 034 ***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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9960 NW 116th Way
 Suite, Apt. #, etc.
Suite 13

3. Mailing Address
9960 NW 116th Way
 Suite, Apt. #, etc.
Suite 13

City & State
Medley, Florida

City & State
Medley, Florida

4. FEI Number
65-0802002

Applied For
 Not Applicable

Zip
33178-1175

Country
USA

Zip
33178-1175

Country
USA

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, RAUL 9390 NW 109 ST. MIAMI FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS SOTOLONGO, RAUL 9390 NE 109TH ST MEDLEY FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDP CELA, EDUARDO C 9390 NW 109 ST. MIAMI FL 33178	☐ 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	VD SMITH, RAUL 9960 NW 116 WAY, Suite 13 Medley, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS SOTOLONGO, RAUL 9960 NW 116 WAY, Suite 13 Medley, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDP CUSCO, Eduardo 9960 NW 116 WAY, Suite 13 Medley, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD CUSCO, JORGE 9960 NW 116 WAY, Suite 13 Medley, FL 33178	☐ 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

03/18/02 (305) 885-6464
 Date Daytime Phone #

CR2E034 (9/01)