

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90038 030 ***150.00

DOCUMENT # P99 0000 17034

1. Entity Name
ATENTO USA INC.

Principal Place of Business <u>1221 BRICKELL AV. S.</u> <u>MIAMI, FL. 33131</u>	Mailing Address <u>1221 BRICKELL AV. SUITE 1200</u> <u>C/O PATRICIA MENENDEZ CAMBO</u> <u>MIAMI, FL., 33131</u>
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2. Principal Place of Business <u>1221 Brickell Avenue</u> <small>Suite, Apt. #, etc.</small> <u>Suite 1200</u> <small>City & State</small> <u>Miami, FLA</u> <small>Zip</small> <u>33131</u>	3. Mailing Address <u>1221 Brickell Avenue c/o Patricia Menendez</u> <small>Suite, Apt. #, etc.</small> <u>Suite 1200</u> <small>City & State</small> <u>Miami, FLA</u> <small>Zip</small> <u>33131</u>
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4. FEI Number <u>65-093 8989</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City <u>FL</u> 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 _____ 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<u>D</u> <u>JACINTO DIAZ</u> <u>1221 BRICKELL AV.</u> <u>MIAMI, FL, 33131</u>	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<u>D/P</u> <u>RAFAEL HERNANDEZ</u> <u>1221 BRICKELL AV.</u> <u>MIAMI, FL., 33131</u>	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> 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: PATRICIA MENENDEZ CAMBO P. Menendez 4/30/01 305925-5417

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

CR2E034 (11/00)