

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018942

1. Entity Name

ATICO ENTERPRISES, INC.

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90021 044 \*\*\*150.00

0254551

Principal Place of Business  
~~2501 WOODSIDE DRIVE~~  
~~FORT LAUDERDALE FL 33312~~

Mailing Address  
~~2501 WOODSIDE DRIVE~~  
~~FORT LAUDERDALE FL 33312~~

2. Principal Place of Business  
727 S.E. 15TH STREET  
Suite, Apt. #, etc.  
SUITE 8

3. Mailing Address  
727 S.E. 15TH STREET  
Suite, Apt. #, etc.  
SUITE 8

City & State  
FORT LAUDERDALE

City & State  
FORT LAUDERDALE

4. FEI Number 65-0897811

Applied For  
Not Applicable

Zip  
33316-2649

Country

Zip  
33316-2649

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

CADENAS, JOSE M  
~~2501 WOODSIDE DRIVE~~  
~~FORT LAUDERDALE FL 33312~~

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
727 S.E. 15TH STREET, SUITE 8  
City FORT LAUDERDALE FL Zip Code 33316-2649

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, 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

TITLE PVD  
NAME CADENAS, JOSE M  
STREET ADDRESS ~~2501 WOODSIDE DRIVE~~  
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33312~~

☐ Delete

TITLE PD  
NAME NODARSE, HILARIO  
STREET ADDRESS ~~2501 WOODSIDE DRIVE~~  
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33312~~

☐ Delete

TITLE V  
NAME NODARSE, AMPARO  
STREET ADDRESS ~~2501 WOODSIDE DRIVE~~  
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33312~~

☐ Delete

TITLE SD  
NAME CADENAS, ALICIA  
STREET ADDRESS ~~2501 WOODSIDE DRIVE~~  
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33312~~

☐ Delete

TITLE T  
NAME CADENAS, ALICIA M  
STREET ADDRESS ~~2501 WOODSIDE DRIVE~~  
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33312~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 727 S.E. 15TH STREET, SUITE 8  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316-2649

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 727 S.E. 15TH STREET, SUITE 8  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316-2649

☐ Change ☐ Addition

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☐ 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 *JOSE CADENAS* JOSE CADENAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01 (954) 463-7138  
Date Daytime Phone #

CR2E034 (10/00)