

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033206

## 1. Entity Name

REPUBLIC ATM CORP.

## Principal Place of Business

5887 NW 36 ST  
MIAMI FL 33155

## Mailing Address

5887 NW 36 ST  
MIAMI FL 33155

## 2. Principal Place of Business

7171 SW 24ST  
Suite, Apt. #, etc. 404

## 3. Mailing Address

Same

## City &amp; State

Miami, FL.

## City &amp; State

F

## Zip

33155

Dade

## Zip

## Country

Country

## 4. FEI Number

65-0913506

## Applied For

Not Applicable

## 5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ARANGO, GLORIA  
5887 NW 36 ST  
MIAMI FL 33166

## 7. Name and Address of New Registered Agent

Arango, Gloria

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

7171 SW 24ST suite 404  
City Miami FL Zip Code 33155

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 *Gloria Arango*

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

(NOT: 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 State10. 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	D ARANGO, GLORIA 471 SW 89 CT MIAMI FL 33174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Gloria Arango*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30/2001 (305) 2656612  
Daytime Phone #

CR2E034 (10/00)

Attachment

6-1002  
P9900033206

7171 SW 24 ST suite 404  
Miami, FL 33155  
Tel: 305-2656612  
Fax: 305-2656614

# Republic Corporation

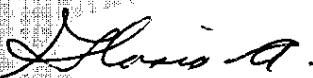
May 29, 2001

Division Of Corporations  
Uniform Business Report Filings 2001

We want to apologize for the delay of this payment, but this was sent around March 15 2001, and then returned by the mail to us. I am sending it once again; please let me know of any inconvenience.

Thanks for your cooperation,

Sincerely,



Gloria Arango  
President