

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90006 049 ***150.00

661002



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000033206

1. Entity Name
REPUBLIC ATM CORP.

Principal Place of Business Mailing Address
5887 NW 36 ST 5887 NW 36 ST
MIAMI FL 33155 MIAMI FL 33155

2. Principal Place of Business 3. Mailing Address
7171 SW 245T Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.
404
 City & State City & State
Miami FL. F
 Zip Country Zip Country
33155 Dade

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

Name **Arango Gloria**
 Street Address (P.O. Box Number is Not Acceptable)
7171 SW 245T 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** (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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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)(f), 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** 4-30/2001 (305) 2456612
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER * DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
Le 1002
p 99 00033206

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

Republic Corporation

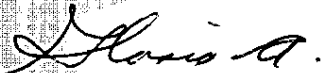
May 29, 2001

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