2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P99000036648** ATSAMORE.COM CORP. 05-01-2000 90456 035 ***150.00

Mailing Address

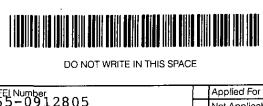
MIAMI FL 33131-2847

3. Mailing Address

701 BRICKELL AVE., STE. 3000

1331 Lincoln Road

May 01, 2000 8:00 am Secretary of State



Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Suite 1304			Suite 1304								
City & State Miami Beach, FL		j	City & State Wiami Beach		4. FEI Number 65-0912805			-	plied For ot Applicable		
Zip 33139	Country USA		Zip Count 3139 USA		ry ·	5. (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						
. ***								-			
FINAMORE, GIA 1331 LINCOLN RD., STE. 1304 MIAMI BEACH FL 33139					Street Address (P.O. Box Number is Not Acceptable)						
					City FL Zip Code					е	
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.											
	,		, 1	ū							
0.0											
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 eli Tax filing requirement (See criteria on back)	FILE NOW! After MAY 1, 20 Make Check Payab	will be \$5	50.00	10. Election Campaign Finar Trust Fund Contribution.	ncing		0 May Be I to Fees				
11. OFFICERS AND DIRECTORS 12.							L DITIONS/CHANGES TO OFFIC	ERS AND (DIRECTOR	S IN 11	
				TITLE			2,110,10,0,1,11,020,10,0,1.10		Change	Addition	
STREET ADDRESS Gia 1 1331	P, S, T, D Gia Finamore 1331 Lincoln Rd., #1304 Miami Beach, FL 33139 Title NAMI STRE CITY- CITY- Delete TITLE NAMI STRE CITY- CITY- Delete								onlings		
TITLE NAME STREET ADDRESS CITY-ST-ZIP									Change	Addition	
TITLE	☐ Delete TITLE								Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP			. 	٠		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ha information supplied	Lavith their	☐ Delete	CITY	ET ADORESS ST-ZIP	ad in Section	119 07(3Vi) Florida Statutes I fi	······	Change	☐ Addition	

Thereby certify triat the information supplied with this plant of each to discuss 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 of trostee 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 withan advices, with all other like empowered. of the corporation or the receiver changed, or on an attachment with

Principal Place of Business

MIAMI FL 33131

701 BRICKELL AVE., STE. 3000

2. Principal Place of Business

1331 Lincoln Road,