

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 05, 2000 8:00 am  
Secretary of State  
05-05-2000 90051 024 \*\*\*158.75

DOCUMENT # P99000051579  
Entity Name  
ATLANTIC M S, INC.

Principal Place of Business Mailing Address  
15015 N. W. 88th Court 15015 N.W. 88th Court  
Miami, Florida 33018 Miami, FL 33018

Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number 65-0925710 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PEDRO ALVAREZ  
15015 N. W. 88th Court  
Miami, FL 33018

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, 2000 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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D	TITLE	
NAME	Pedro Alvarez	NAME	
STREET ADDRESS	15015 N.W. 88 Court	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33018	CITY-ST-ZIP	
TITLE	VP/D	TITLE	
NAME	Javier J. Alvarez	NAME	
STREET ADDRESS	15015 N.W. 88th Court	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33018	CITY-ST-ZIP	
TITLE	S/D	TITLE	
NAME	Sara I. Alvarez	NAME	
STREET ADDRESS	15015 N.W. 88 Court	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33018	CITY-ST-ZIP	
TITLE	T/D	TITLE	
NAME	Maria C. Alvarez	NAME	
STREET ADDRESS	15015 N.W. 88th Court	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33018	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: x [Signature] x 4/7/2000 x 826-3036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #