

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000056440** **R**

1. Entity Name

**Atlantic Blue Sea Restaurant Inc.**

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90005 019 \*\*\*150.00

Principal Place of Business

**3716 W. 12 Ave.**  
**Hialeah FL 33012**

Mailing Address

**692 W. 29th St #9**  
**Hialeah FL 33012**

2. Principal Place of Business

**Same**

Suite, Apt. #, etc.

3. Mailing Address

**Same**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**65-0929856**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**Guerra, Leoncio**  
**5264 Bosque Ln. #23**  
**West Palm Beach, FL 33415**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**Leoncio Guerra**

**7/19/00**

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**D.P.S.T**  
**Guerra, Leoncio**  
**5264 Bosque Ln #23**  
**West Palm Beach, FL 33415**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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: **✓**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/19/00 305 362 7109**

CR2E034 (9/99)

PP000056440

ADD 09582

DATED:

TO: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
ANNUAL REPORTS SECTION.

RE: *Atlantic Blue Sea Restaurant*  
TO WHOM IT MAY CONCERN

THE FOLLOWING IS TO INFORM YOU THAT I,  
PRESIDENT OF THE ABOVE MENTIONED CORPORATION, WAS UNABLE TO  
FILE THE 2000 ANNUAL REPORT FOR MY CORPORATION BEFORE THE DUE  
DATE BECAUSE:

*We never received by mail any notice*

I ASK YOU TO PLEASE ACCEPT A CHECK OF \$ 150.00 TO  
COVER THE INITIAL FILING FEE WITH THE ASSURANCE THAT  
THIS WILL NOT HAPPEN AGAIN IN THE FUTURE.

SINCERELY

  
CORPORATION OFFICER