

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079347

1. Entity Name Atlantic Chemicals U.S.A. Corp

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90011 008 ***150.00

Principal Place of Business
1857 NW 21 TER
MIAMI FL 33142

Mailing Address

2. Principal Place of Business
1630 West 32ND Place
Suite, Apt. #, etc.

3. Mailing Address
5004 SW 32 WAY
Suite, Apt. #, etc.
Fort Lauderdale

City & State
Hialeah FL

City & State
Fort Lauderdale

4. FEI Number 650946999

Applied For
Not Applicable

Zip 33012

Country

Zip FL

Country 33312

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEBOLO, LUCAS
5004 SW 32 WAY
FORT LAUDERDALE FL 33312

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

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 D
NAME LEBOLO, LUCAS
STREET ADDRESS 5004 SW 32 WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LUCAS Lebolo Pres 04/28/2000 (954) 9892557

CO/00475

#P99000079347

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