

2000 UNIFORM BUSINESS REPORT (UBR)

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

06-08-2000 90011 008 ***150.00

DOCUMENT # **P99000079347** ✓
 1. Entity Name **Atlantic Chemicals U.S.A. Corp**

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**
 Zip **33012** Country
 Zip **FL** Country **33312**



DO NOT WRITE IN THIS SPACE

4. FEI Number **650946999**
 Applied For
 Not Applicable

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LEBOLO, LUCAS	
STREET ADDRESS	5004 SW 32 WAY	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
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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: **Lucas Lebolo Pres** **04/28/2000** **(954) 9892557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

