

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90007 009 \*\*\*550.00

0037604 AV

**DOCUMENT # P990000094096**

1. Entity Name

**ATLANTIS MONEY EXCHANGE, INC.**

Principal Place of Business

**2601 S BAYSHORE DRIVE SUITE 1600  
 MIAMI FL 33133**

Mailing Address

**2601 S BAYSHORE DRIVE SUITE 1600  
 MIAMI FL 33133**

2. Principal Place of Business

**12585 SW 69 AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**12585 SW 69 AVE.**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33136**

Country

**DADE**

Zip

**33136**

Country

**DADE**

4. FEI Number

**65-0966848**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**A Z REGISTERED AGENT CORPORATION  
 2601 S BAYSHORE DRIVE SUITE 1600  
 MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

**GARY ROSENBERG**

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

**255 ALHAMBRA CIRCLE**

**SUITE 425**

City

**MIAMI**

**FL**

Zip Code

**33134**

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

**GARY ROSENBERG**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/13/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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** ☐ Delete  
 NAME **DIAS, JACINTO**  
 STREET ADDRESS **2601 S BAYSHORE DRIVE SUITE 1600**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Delete  
 NAME **NOGUES DIAS, MARIA DELPILAR**  
 STREET ADDRESS **2601 S BAYSHORE DRIVE SUITE 1600**  
 CITY-ST-ZIP **MIAMI FL 33133**

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

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:

**JACINTO MONTEIRO DIAS**

**8-13-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)