

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
 03-29-2002 90193 030 ***158.75

DOCUMENT # P99000094096

1. Entity Name
ATLANTIS MONEY EXCHANGE, INC.

Principal Place of Business

12585 SW 69 AVE
 MIAMI FL 33156

Mailing Address

12585 SW 69 AVE
 MIAMI FL 33156

2. Principal Place of Business

6627 South Dixie Hwy.

3. Mailing Address

6627 South Dixie Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0966848**

Applied For
 Not Applicable

Zip **33143**

Country **USA**

Zip **33143**

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBERG, GARY
255 ALHAMBRA CIRCLE
STE 425
MIAMI FL 33134

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, 2002 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** ☐ Delete
 NAME **DIAS, JACINTO**
 STREET ADDRESS **2601 S BAYSHORE DRIVE SUITE 1600**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☒ Change ☐ Addition
 NAME **DIAS, JACINTO**
 STREET ADDRESS **12585 SW 69th Ave**
 CITY-ST-ZIP **MIAMI, FL 33156**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **NOGUES DIAS, MARIA DELPILAR**
 STREET ADDRESS **12585 SW 69th Ave**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED
DIAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 305-6657676
 Date Defunct Phone #

CR2E034 (9/01)