

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90143 032 \*\*\*150.00

**DOCUMENT # P99000108573**

1. Entity Name  
**ATLANTIC PHARMACEUTICALS, INC.**

Principal Place of Business <b>3001 S.W. 3RD AVE. MIAMI FL 33129</b>	Mailing Address <b>3001 S.W. 3RD AVE. MIAMI FL 33129</b>
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2. Principal Place of Business <b>Atlantic Pharmaceuticals</b> Suite, Apt. #, etc.	3. Mailing Address <b>70 WESTWARD DR</b> Suite, Apt. #, etc.
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City & State <b>Miami Springs FL</b>	City & State <b>FL</b>
Zip <b>33166</b>	Country <b>USA</b>

4. FEI Number <b>65-049-2134</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MARKO, DAVID E ESQ**  
**3001 S.W. 3RD AVE.**  
**MIAMI FL 33129**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>President</b>	<input type="checkbox"/> Delete
NAME <b>Jose Sotomayor</b>	
STREET ADDRESS <b>5161 Collins Ave 1416</b>	
CITY-ST-ZIP <b>Miami Beach FL 33140</b>	
TITLE <b>Vice President</b>	<input type="checkbox"/> Delete
NAME <b>Taeho OH</b>	
STREET ADDRESS <b>19887 NW 13 ST</b>	
CITY-ST-ZIP <b>Pembroke Pines FL 33029</b>	
TITLE <b>Secretary</b>	<input type="checkbox"/> Delete
NAME <b>Alberta Sotomayor</b>	
STREET ADDRESS <b>5161 Collins Ave 1416</b>	
CITY-ST-ZIP <b>Miami Beach FL 33140</b>	
TITLE <b>CPA</b>	<input type="checkbox"/> Delete
NAME <b>David J Fasano</b>	
STREET ADDRESS <b>11441 NW 37 ST</b>	
CITY-ST-ZIP <b>SUNRISE FL 33323</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

**3/24/00**

Date

Daytime Phone #

CR2E034 (9/99)