

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S00667

1. Entity Name

ATLANTIS AUTO CARE CENTERS, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90020 009 ***150.00

Principal Place of Business

4950 S. MILITARY TRAIL
LAKE WORTH FL 33461

Mailing Address

35 MILLER ROAD
LAKE WORTH FL 33461

2. Principal Place of Business

4950 S. Military Trail
Suite, Apt. #, etc.

3. Mailing Address

35 Miller Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth Fla.

City & State

Lake Worth Fla.

4. FEI Number

65-0218846

Applied For

Not Applicable

Zip

33463

Country

U.P. Beach

Zip

33461

Country

U.P. Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIZOSO, ANTONIO O
35 MILLER RD
LAKE WORTH FL 33461

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS VIZOSO, ANTONIO
CITY-ST-ZIP 35 MILLER RD
LAKE WORTH FL 33461

TITLE ☐ Delete
NAME D
STREET ADDRESS VIZOSO, LUISA
CITY-ST-ZIP 35 MILLER RD
LAKE WORTH FL 33461

TITLE ☐ Delete
NAME P
STREET ADDRESS VIZOSO, ALEJANDRA
CITY-ST-ZIP 177 ANGEL DR
WEST PALM BEACH FL

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
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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:

Antonio O Vizoso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01

Date

561-9671948

Daytime Phone #

CR2E034 (10/00)