## 2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State **DOCUMENT # \$61678** 1. Entity Name 05-16-2001 90060 047 \*\*\*158.75 ATF, P.A. Principal Place of Business Mailing Address 011154 169 E FLAGLER ST 169 E FLAGLER ST STE 1514 STE 1514 MIAMI FL 33131 MIAMI FL 33131 US US 2. Principal Place of Business Mailing Address E. PLAGUEL STREAM SAWE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0308890 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERRER, ALINA T Street Address (P.O. Box Number is Not Acceptable) 169 E FLAGER ST STE 1514 **MIAMI FL 33131** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITI F Delete TIT! F NAME NAME FERRER, ALINA T. STREET ADDRESS STREET ADDRESS 169 E FLAGLER ST., STE 1514 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition TITLE TITLE NAME FERRER, ORLANDO M NAME STREET ADDRESS STREET ADDRESS 169 E FLAGLER ST., STE 1514 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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.

## AHachment 977154 H 56/678

From the desk of ALINA T. FERBER PD - POR SENT OUT TO YOUR OFFICES ON 04/01/01 VA REGULAR MAIL. WE RECEIVED UT RETURNED TESTERDAY 05/01/01. THEREPORE, WE DRE RESENCISE IT VIA EXPRESS HAN. THONK YOU FOR YOUR UNDERSTANDING IN THE MATER 100C # 861678 SINCEREUT. FEI# 65-0308890 ATP, P.A 169 B. PLAGUER ST #1514 MIANI PL . 3313/ US