

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00152

1. Entity Name

AFFILIATED TELECOMMUNICATIONS NETWORK INC. (ATN)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90455 019 ***150.00

Principal Place of Business

Mailing Address

5880 SW 74TH TERR
8E
MIAMI FL 33265
US

PO BOX 652105
MIAMI FL 33265-2105
US

2. Principal Place of Business

532 Madeira Avenue

3. Mailing Address

PO Box 652105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL Gables

City & State

MIAMI FLA

Zip

33134

Country

USA

Zip

33265

Country

USA

4. FEI Number

65-0362484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRERA, ANGIE F
110 S.W.108 AVE,H8
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name

Angie F. HERRERA

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

532 Madeira Ave

City

Coral Gables

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

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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 ☐ Delete
NAME P
STREET ADDRESS HERRERA, ANGIE F.
CITY-ST-ZIP 5880 SW 74TH TERR 8E
MIAMI 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

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

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

(305) 596-4898

CR2E034 (9/99)