2001 UNIFORM BUSINESS REPORT (UBR)

May 05, 2001 8:00 am Secretary of State **DOCUMENT # V36897** ATLANTIC TOURS AND TRANSPORTATION, INC. 05-05-2001 90831 047 ***150.00 Principal Place of Business Mailing Address 7061 GRAND NATIONAL DR 7061 GRAND NATIONAL DR **STE 131** STF 131 040400 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3148899 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABDALA, C A Street Address (P.O. Box Number is Not Acceptable) 7061 GRAND NATIONAL DR STE 131 ORLANDO FL 32819 City Zio 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 FILE NOW!!! FEE IS \$150.00 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE CR2E034 (10/00) ☐ Change Adaition NAM5 ABDALLA, JOSE A NAME STREET ADDRESS 1500 SAN REMO AVENUE, SUITE 125 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL **PSD** TITLE ☐ Delete TITLE Change [T] Addition ABDALA, CARLOS A. Q. NAME NAME STREET ADDRESS 7061 GRAND NATIONAL DRIVE, #131 STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-71P C:TY-ST-ZIP ☐ Delete TOTALE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete Change TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 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 supplied entails report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-01 4.73540339