

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90091 034 \*\*\*158.75

0284595  
AV

**DOCUMENT # P99000011744**

1. Entity Name  
**ATF MANAGEMENT SYSTEMS, INC.**

Principal Place of Business  
**9390 N.W. 109TH STREET  
MEDLEY FL 33178-1225**

Mailing Address  
**9390 N.W. 109TH STREET  
MEDLEY FL 33178-1225**

2. Principal Place of Business  
**9960 NW 116th Way**  
Suite, Apt. #, etc.  
**Suite 13**

3. Mailing Address  
**9960 NW 116th Way**  
Suite, Apt. #, etc.  
**Suite 13**

City & State  
**Medley, Florida**

City & State  
**Medley, Florida**

4. FEI Number  
**65-0802002**

Applied For  
Not Applicable

Zip  
**33178-1175**

Country  
**USA**

Zip  
**33178-1175**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG**  
**2100 SALXEDO STREET**  
**SUITE 300**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_ (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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                |                                                               |                                 |
|------------------------------------------------|---------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SMITH, RAUL<br>9390 NW 109 ST.<br>MIAMI FL 33178        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VDS<br>SOTOLONGO, RAUL<br>9390 NE 109TH ST<br>MEDLEY FL 33178 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TDP<br>CELA, EDUARDO C<br>9390 NW 109 ST.<br>MIAMI FL 33178   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               | <input type="checkbox"/> Delete |

|                                                |                                                                         |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SMITH, RAUL<br>9960 NW 116 WAY, Suite 13<br>Medley, FL 33178      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VDS<br>SOTOLONGO, RAUL<br>9960 NW 116 WAY, Suite 13<br>Medley, FL 33178 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TDP<br>CUSCO, Eduardo<br>9960 NW 116 WAY, Suite 13<br>Medley, FL 33178  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DD<br>CUSCO, JORGE<br>9960 NW 116 WAY, Suite 13<br>Medley, FL 33178     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)