

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A32263**

1. Entity Name  
**ATLAS PAPER MILLS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY -2 PM 1:19

Principal Place of Business  
**3725 EAST 10TH COURT  
HIALEAH FL 33013**

Mailing Address  
**3725 EAST 10TH COURT  
HIALEAH FL 33013**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
City & State

4. FEI Number **65-0298511**

Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**ANANIA, FRANCIS A., ESQ.  
SUITE 3300 INTERNATIONAL PLACE  
100 SOUTHEAST SECOND STREET  
MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,950,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P36415</b>
NAME	<b>APM FINANCIAL CORP.</b>
STREET ADDRESS	<b>%3725 E. 10TH COURT</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**300005677983-5**  
**-06/04/02--01072--019**  
**\*\*\*\*535.00 \*\*\*\*535.00**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **Remberto Bastanzori**  
President, APM Fin. Corp., G.P.

Date: **4-3-02** Daytime Phone #: **305/835-8046**

CR2E003 (9/01)