


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009057 AT

DOCUMENT # A32263

1. Entity Name
ATLAS PAPER MILLS, LTD.



FILED
03 MAY -2 PM 7:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMJH

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.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-0298511** Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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 #	P36415
NAME	APM FINANCIAL CORP.
STREET ADDRESS	%3725 E. 10TH COURT
CITY-ST-ZIP	HIALEAH FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	10001 7860931 05/02/03--01014--010 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **Umberto Bastanzoni**
REQUIRE **President, APM Fin Corp, G.P. 3-31-03 305-835-8046**

DATE _____ DAYTIME PHONE # _____

STAPLE CHECK HERE

CR2E003 (10/02)