

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46102

1. Entity Name

ATLAS PREMIUM FINANCE, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90003 011 ***550.00

Principal Place of Business

3511 W COMMERCIAL BLVD
STE 100
FT LAUDERDALE FL 33309
US

Mailing Address

3511 W COMMERCIAL BLVD
STE 100
FT LAUDERDALE FL 33309
US

2. Principal Place of Business

2415 N.W. 31ST ST

Suite, Apt. #, etc.

3. Mailing Address

2415 N.W. 31ST ST

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

4. FEI Number

65-0177042

Applied For

Not Applicable

Zip

33431

Country

US

Zip

33431

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TARRENCE, DONALD J.
500 W CYPRESS CREEK RD STE 450
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

TARRENCE DONALD J.

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

2415 N.W. 31ST ST

City

BOCA RATON

FL

Zip Code

33431

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

Donald J. Tarrence DONALD J. TARRENCE PRESIDENT 7/28/00
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 Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY - ST - ZIP	PSD TARRENCE, DONALD J. 2415 NW 31 ST BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:

Donald J. Tarrence DONALD J. TARRENCE 7/28/00 (954) 351-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (5/00)