

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100015398			
1. Entity Name ATLANTIS REALTY SERVICES, INC.			
Principal Place of Business 1181 71ST STREET MIAMI BEACH, FL 33141		Mailing Address 1181 71ST STREET MIAMI BEACH, FL 33141	
2. Principal Place of Business <i>Miami Beach</i>		3. Mailing Address <i>Miami Beach</i>	
Suite, Act. #, etc. 1181 71ST STREET		Suite, Act. #, etc. 1181 71ST STREET	
City & State <i>Miami Beach, FL</i>		City & State <i>Miami Beach</i>	
Zip <i>33141</i>	Country <i>USA</i>	Zip <i>33141</i>	Country <i>USA</i>
4. FEI Number 65-1085188		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANGULO, ANA MARIA 2464 SOUTH LEJUNE ROAD SUITE 330 CORAL GABLES, FL 33134 <i>5975 Sunset Dr Suite 503</i> <i>So Miami, FL 33143</i>		7. Name and Address of New Registered Agent Name <i>Ana M. Angulo, ESA</i> Street Address (P.O. Box Numbers Not Acceptable) <i>5975 Sunset Dr, Suite 503</i> City <i>So. Miami</i> FL Zip Code <i>33143</i>	
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 <i>Regina M. Sferza</i> <i>Regina M. Sferza</i> DATE <i>4/30/2003</i> <small>(Signature, typed or printed name of registered agent, and date of filing. (NOTE: Registered Agent's signature required when it is missing.)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SFERZA, REGINA M 1181 71ST STREET MIAMI BEACH, FL 33141	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 reports 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Regina M. Sferza</i>		Date <i>4/30/2003</i> (305) 864-2199	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

11037024



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)