

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000076691

FILED  
Apr 10, 2003  
Secretary of State

Entity Name: ATNA ENTERPRISES, INC.

**Current Principal Place of Business:**

4801 S UNIVERSITY DR, STE 2000  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

4801 S UNIVERSITY DR, STE 2000  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 14-1838934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACOCELLA, ANGELO  
506 OLEANDER DR  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ACOCELLA, ANGELO  
Address: 506 OLEANDER DR  
City-St-Zip: HALLANDALE, FL 33009

Title: DV ( ) Delete  
Name: ACOCELA, TONI L  
Address: 506 OLEANDER DR  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELO ACOCELLA

PRES

04/10/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date