

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90212 041 \*\*\*150.00

**DOCUMENT # P97000083123**

1. Entity Name  
**ATLANTIC MARCITE CORP.**

Principal Place of Business      Mailing Address  
~~1890 N.W. 29TH ST.~~      ~~1890 N.W. 29TH ST.~~  
~~FT. LAUDERDALE FL 33311~~      ~~FT. LAUDERDALE FL 33311~~

2. Principal Place of Business      3. Mailing Address  
**1001 N.W. 51 Court**      **2 So. University DR**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Fort Lauderdale**      **Plantation**  
 Zip      Country      Zip      Country  
**FL**      **33309**      **FL**      **33324**

4. FEI Number      Applied For  
**65-0791530**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~RUBIN, NEIL~~  
~~1890 N.W. 29TH ST.~~  
~~FT. LAUDERDALE FL 33311~~

Name  
~~Street Address (P.O. Box Number is Not Acceptable)~~  
**1001 N.W. 51 Court**  
 City      State      Zip Code  
**Fort Lauderdale**      **FL**      **33309**

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. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RUBIN, ANTONETTE G 445T SW 95TH AVE. DAVIE FL 33328	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1001 N.W. 51 Court Fort Lauderdale FL 33309	
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: Antonette Guern      Date: 2-6-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

*Antonette Rubin Guern*

0252918

CR2E034 (10/00)