

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90218 033 \*\*\*150.00

**DOCUMENT # V34578**

1. Entity Name  
**ATRIUM REGISTERED AGENTS, INC.**

Principal Place of Business <b>1500 SAN REMO AVENUE          SUITE 125          CORAL GABLES, FL 33146</b>	Mailing Address <b>1500 SAN REMO AVENUE          SUITE 125          CORAL GABLES, FL 33146</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>65-0360003</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**SHARE, LESLIE A.  
 1500 SAN REMO AVENUE  
 SUITE 125  
 CORAL GABLES FL 33146**

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.

SIGNATURE \_\_\_\_\_ (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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input type="checkbox"/> Delete <b>NEUWAHL, MALCOLM</b> <b>1500 SAN REMO AVENUE, #125</b> <b>CORAL GABLES FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DVP</b> <b>ROSENBERG, MICHAEL</b> <b>1500 SAN REMO AVENUE, #125</b> <b>CORAL GABLES FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DVP</b> <b>GINSBURG, DENNIS</b> <b>1500 SAN REMO AVENUE, #125</b> <b>CORAL GABLES FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DVP</b> <b>STAMEN, ROBERT A.</b> <b>1500 SAN REMO AVENUE, #125</b> <b>CORAL GABLES FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DVPS</b> <b>SHARE, LESLIE A.</b> <b>1500 SAN REMO AVENUE, #125</b> <b>CORAL GABLES FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DVP</b> <b>FINKELMAN, JACK D</b> <b>1500 SAN REMO AVENUE, #125</b> <b>CORAL GABLES FL 33146</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_ *Like Ples.* Date: **1/23/01** Daytime Phone #: **305-665-3311**

CR2E034 (10/00)