

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90450 012 ***550.00

DOCUMENT # V34578

1. Entity Name
ATRIUM REGISTERED AGENTS, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0360003**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**SHARE, LESLIE A.
 1500 SAN REMO AVENUE
 SUITE 125
 CORAL GABLES FL 33146**

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

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 \$150.00
After May 1, 2002 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEUWAHL, MALCOLM 1500 SAN REMO AVENUE, #125 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Neuwahl, Malcolm 1500 San Remo Avenue, #125 Coral Gables FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROSENBERG, MICHAEL 1500 SAN REMO AVENUE, #125 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rosenberg, Michael 1500 San Remo Avenue, #125 Coral Gables FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GINSBURG, DENNIS 1500 SAN REMO AVENUE, #125 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ginsburg, Dennis 1500 San Remo Avenue, #125 Coral Gables FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STAMEN, ROBERT A. 1500 SAN REMO AVENUE, #125 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stamen, Robert A. 1500 San Remo Avenue, #125 Coral Gables FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SHARE, LESLIE A. 1500 SAN REMO AVENUE, #125 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Share, Leslie A. 1500 San Remo Avenue, #125 Coral Gables FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FINKELMAN, JACK D 1500 SAN REMO AVENUE, #125 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Finkelman, Jack D. 1500 San Remo Avenue, #125 Coral Gables FL 33146 <input checked="" 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: *Robert A. Stamen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 (305) 665-3311
 Date Daytime Phone #

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)
ADDITIONAL SHEET

Attachment
Document #
V34578

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VP **Addition**

Starkman, Mark R.
1500 San Remo Avenue, #125
Coral Gables, FL 33146

VP **Addition**

Nunez, Jose L.
1500 San Remo Avenue, #125
Coral Gables, FL 33146

D **Addition**

Steinman, N. Allan
1500 San Remo Avenue, #125
Coral Gables, FL 33146