FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

| DOCUMENT # | O ILLI OKT (OBK) | 05-13-2002 90149 016 ***158.75 |
|--|--|--|
| Entity Name | 297 Environmental En | |
| V 41. | 人7 1 レ | |
| Atlantis | Environmental En | a har was |
| | | GIRECTITO, FAC |
| DO NOT WRITE | IN THIS SPACE | Tables 1 |
| | | |
| 2. Principal Place of Business 13 // NEWPORT OTP DE | 3. Mailing Address | 22:000 |
| 13 11 NEWPORT CTP Dr Suite, Apr. #, etc. | 1311 NEW POR CTR D Suite, Apt. #, etc. | |
| City & State | | DO NOT WRITE IN THIS SPACE |
| DECEPTELD BEACH | Deer Field Bearly | 4. FEI Number Applied For |
| 33442 Country | Zip Country | 6503449-46 Not Applicable |
| | 5544 A | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | Name | 7. Name and Address of Current Registered Agent |
| DO NOT WE | Street Addres | ACBERT R. CAPELLINI ess (P.O. Box Number is No. Acceptable) |
| IN THIS SPA | YGE | 576 Via Verona |
| | | |
| | City De | 201 File Beal FL Zip Code |
| 8. The above named entity submits this statement for th | e purpose of changing its registered office or regi | istered agent, or both, in the State of Florida. |
| SIGNATURE | 1k. Cerri | 4-24-02 |
| Signature, typed or printed name of registered agent and | de if applicable LB (NOTE: Registered Agent signature req | plifest viden reinstating) DATE |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 | 10 Floring Committee |
| (See criteria on back) | Amended UBR is \$61.25 Make Check Payable to Department of S | Trust Cond Con 1 |
| 11. OFFICERS AND DIR | ECTORS PROFESSIONAL PROFESSIONA | SIGUE PROPERTY AND THE |
| NAME ALBERT 12. CA | | 0) |
| STREET ADDRESS 571 ULA MALA | AA STREET ADDRESS | CRZE034B (12/01) |
| THILE Deer Celd Bea | Clary ST. ZIP | |
| NAME | TILC NAME | |
| STREET ADDRESS CITY-ST-ZIP | STREET ALDINESS | Ö |
| TITLE | CTV-ST-Zig | |
| NAME | NAME OF THE PROPERTY OF THE PR | |
| STREET ADDRESS | STRICT ADDRESS | DO NOT WRITE |
| TITLE | CTY-S1-214 | Harrist Control of the Control of th |
| NAME STREET ADDRESS | NAME | IN THIS SPACE |
| CHY-S1-ZIP | STRUCT ADDRESS CITY (ST 20) | |
| NTLE | YILE | |
| NAME STREET ADDRESS | PART OF THE PROPERTY OF THE PART OF THE PA | |
| CITY-ST-ZIP | STREET ADDRESS CITY-ST-JIP | |
| ITLE IAME - | ind: | |
| STREET ADDRESS | NAME CONT. T. A. PORTEGO | |
| TTY-ST-7IP | STREET ADDRESS City-St-Zip | |
| I hereby certify that the information supplied with this reindicated on this report or supplemental report is true | iling does not qualify for the exemption stated in S | Section 119.07(3)(i). Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 607. Florida Statutes, and that my name opens in Bland at 1 |
| or the corporation or the receiver or trastee empowers attachment with an address, with all other like empower | ed to exocute this report as required by Chapter ed. | e same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or on an |
| SIGNATURE: | - L' (lun | |
| | NAMA OF SIGNING OFFICER OR DIRECTOR | 4/24/02 9544286310 |
| | -TUBERT K. CAPELI | LIBIT Daytime Phone |