

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019409

1. Entity Name

ATLANTIC BINDING AND LAMINATING, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90067 020 ***150.00

Principal Place of Business

Mailing Address

1304 SW 160TH AVE
SUITE 118
SUNRISE FL 33326
US

1304 SW 160TH AVE
SUITE 118
SUNRISE FL 33326-1902
US

2. Principal Place of Business

745 SHOTGUN ROAD

3. Mailing Address

745 SHOTGUN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE 33326

4. FEI Number

65-0568160

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

FL

Country

USA

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

ARONSON, VICKI
1304 SE 160TH AVE
SUITE 118
SUNRISE FL 33326

Name

Street Address (P.O. Box Number is Not Acceptable)

745 SHOTGUN ROAD

City

SUNRISE

FL

Zip Code

33326

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, 2000 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 P
NAME ARONSON, VICKI
STREET ADDRESS 722 SAN REMO DRIVE
CITY-ST-ZIP WESTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME ARONSON, BARRY L
STREET ADDRESS 722 SAN REMO DR
CITY-ST-ZIP WESTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BASS, ZELIG
STREET ADDRESS 1111 BISCAYNE BLVD., APT. 907
CITY-ST-ZIP MIAMI FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKI ARONSON

3-1-00

(954) 423-5300

Date

Daytime Phone #

CR2E034 (9/99)