

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
May 27, 2003 8:00 am
Secretary of State

05-02-2003 90421 012 ***150.00

DOCUMENT # P98000003804

1. Entity Name
ATLANTIC ZEDEK, INC.



Principal Place of Business
**18305 BISCAYNE BLVD., #402
AVENTURA FL 33160**

Mailing Address
**18305 BISCAYNE BLVD., #402
AVENTURA FL 33160**

00033110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0846863**

Applied For
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

**REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. 2ND STREET, #3500
SUITE 200
MIAMI FL 33131**

Name
Registered Agents of Florida, LLC
Street Address (P.O. Box Number is Not Acceptable)
**100 Southeast 2nd Street
Suite 2900**
City **Miami** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles J. Rennert* **Charles J. Rennert, V.P.** 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **RADO, GABOR**
STREET ADDRESS **18305 BISCAYNE BLVD.**
CITY-ST-ZIP **AVENTURA FL 33160**

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

TITLE **VP** ☐ Delete
NAME **HALE, GABRIELLA**
STREET ADDRESS **18305 BISCAYNE BLVD.**
CITY-ST-ZIP **AVENTURA FL 33160**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Gabriella Hale*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

305-931-4959
Daytime Phone #

CR2E034 (10/02)