FILED
Jun 09, 2003 8:00 am
Secretary of State
06-09-2003 90116 029 ***150.00

Apr 30 03 10:50a James A Carraway PA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 287361

1. Entity Name
ATLANTIC ASSOCIATES INC

Principal Place of Business	Mailing Address
DAVID DIAMOND	DAVID DIAMOND
8520 HARDING AVE	8520 HARDING AVE
MIAMI FL 33141	MIAMI FL 33141

[redacted]

2. Principal Place of Business
Suite, Apt. #, etc.
City, State
Zip / County

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / County

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1082791 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAMOND,DAVID
8520 HARDING AVENUE
MIAMI BEACH FL 33141

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

SIGNATURE _____ 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 Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	SHER, GARY		NAME
STREET ADDRESS	8520 HARDING AVE.		STREET ADDRESS
CITY-ST-ZIP	MIAMI BCH, FL 00000		CITY-ST-ZIP
TITLE	P	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	DIAMOND, DAVID		NAME
STREET ADDRESS	8520 HARDING AVE.		STREET ADDRESS
CITY-ST-ZIP	MIAMI BCH, FL 00000		CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☒ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

CR2E034 (10/02)

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, added or deleted.

SIGNATURE: _____ 4/30/03
Date