

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90320 024 \*\*\*150.00

**DOCUMENT # 345681**

1. Entity Name

**ATLANTIC APARTMENTS, INC.**

Principal Place of Business

**90 N.E. 19TH AVE.  
 DEERFIELD BEACH FL 33441**

Mailing Address

**90 NE 19TH AVE.  
 DEERFIELD BEACH FL 33447  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1385628**

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

**KEELER, GEORGE P  
 90 NE 19TH AVE., 2  
 DEERFIELD BEACH FL 33441**

Name

**Marybeth Goodburn**

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

**90 N.E. 19th Ave #10**

**Atlantic Apartments INC.**

City

**Deerfield Beach, FL**

Zip Code

**33441**

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

*Marybeth Goodburn, President*

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, 2001 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          | VP                      | <input checked="" type="checkbox"/> Delete |
| NAME           | KOSLAGO, MARK           |                                            |
| STREET ADDRESS | 90 NE 19 AVENUE #11     |                                            |
| CITY-ST-ZIP    | DEERFIELD BCH FL        |                                            |
| TITLE          | AT                      | <input type="checkbox"/> Delete            |
| NAME           | DOHERTY, PHILIP         |                                            |
| STREET ADDRESS | 90 NE 19TH AVE 8        |                                            |
| CITY-ST-ZIP    | DEERFIELD BEACH FL      |                                            |
| TITLE          | P                       | <input checked="" type="checkbox"/> Delete |
| NAME           | KEELER, GEORGE          |                                            |
| STREET ADDRESS | 90 NE 19 AVENUE #2      |                                            |
| CITY-ST-ZIP    | DEERFIELD BCH, FL 00000 |                                            |
| TITLE          | ST                      | <input checked="" type="checkbox"/> Delete |
| NAME           | GUARINO, ROCKY          |                                            |
| STREET ADDRESS | 90 NE 19 AVE 9          |                                            |
| CITY-ST-ZIP    | DEERFIELD BEACH FL      |                                            |
| TITLE          | AS                      | <input checked="" type="checkbox"/> Delete |
| NAME           | RENKIEWICZ, A. T. REV   |                                            |
| STREET ADDRESS | 90 NE 19TH AVE #3       |                                            |
| CITY-ST-ZIP    | DEERFIELD FL            |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | PRESIDENT                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MARYBETH Goodburn         |                                                                              |
| STREET ADDRESS | 90 N.E. 19th Ave.         |                                                                              |
| CITY-ST-ZIP    | DEERFIELD Beach, FL 33441 |                                                                              |
| TITLE          | VICE PRESIDENT            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Alphonse Valenti          |                                                                              |
| STREET ADDRESS | 90 N.E. 19th Ave.         |                                                                              |
| CITY-ST-ZIP    | DEERFIELD Beach, FL 33441 |                                                                              |
| TITLE          | SECT. - Treasurer         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Lauren Puccia             |                                                                              |
| STREET ADDRESS | 90 N.E. 19th Ave.         |                                                                              |
| CITY-ST-ZIP    | Deerfield Beach, FL 33441 |                                                                              |
| TITLE          | A.S.                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Frank Carretta            |                                                                              |
| STREET ADDRESS | 90 N.E. 19th Ave.         |                                                                              |
| CITY-ST-ZIP    | Deerfield Beach, FL.      |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-ST-ZIP    |                           |                                                                              |

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:

*Marybeth Goodburn (Marybeth Goodburn) - 2/21/01 - 954-570-7176*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)