

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 494224

1. Entity Name
ATLAS PEARLMAN, P.A.



Principal Place of Business

350 E LAS OLAS BLVD
SUITE 1700
FORT LAUDERDALE, FL 33301 US

Mailing Address

350 E LAS OLAS BLVD
SUITE 1700
FORT LAUDERDALE, FL 33301 US



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1644712

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROP, MICHAEL L.
350 E LAS OLAS BLVD STE 1700
STE 1700
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ATLAS, JAN
STREET ADDRESS 350 E LAS OLAS BLVD STE 1700
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE DVS
NAME TROP, MICHAEL
STREET ADDRESS 350 E LAS OLAS BLVD STE 1700
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE DVT
NAME PEARLMAN, CHARLES B
STREET ADDRESS 350 E LAS OLAS BLVD STE 1700
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000570821
07/18/06-80011-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Michael L. TROP Vice Pres
MICHAEL L. TROP

7/12/06

Date

954-766-7802

Daytime Phone #