

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 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**



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1644712

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ATLAS, JAN 350 E LAS OLAS BLVD STE 1700 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TROP, MICHAEL 350 E LAS OLAS BLVD STE 1700 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PEARLMAN, CHARLES B 350 E LAS OLAS BLVD STE 1700 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WURTENBERGER, KENNETH P 350 E. LAS OLAS BLVD, SUITE 1700 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPBELL, ROBIN C 350 E. LAS OLAS BLVD, SUITE 1700 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000895656
04/24/08-80076-018-150.00

**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 VP* **MICHAEL L TROP** *4/11/08* **7547667802**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #