

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 FEB 24 AM 11:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 563967

1. Entity Name
Atlantic Mills Co.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8255 W 20 Avenue

3. Mailing Address
8255 W 20 Avenue

Suite, Apt. #, etc.
P O Box 4670

City & State
Hialeah, FL

City & State
Hialeah, FL 33014

Zip
33014

Country

4. FEI Number
59-1812533

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
Steven Randall

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

8255 W 20 Avenue

City
Hialeah

FL

Zip Code
33014

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST Steven Randall 8255 W 20 Ave Hialeah, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	01/31/03 90090 004 \$250.00
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CR2034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steven Randall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____