2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 609185

1. Entity Name

ATLANTIC PROPERTY INVESTORS, INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90066 024 ***150.00

						GO HE IN							
Principal Place of Business 3541 N 33RD TERR HOLLYWOOD FL 33021 US			3541	Mailing Address 3541 N 33RD TERRACE HOLLYWOOD FL 33021 US									
2. Principal Place of Business			3. Mailing Address							ii didii didi	!	len 1100 ilan	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HE	ERE IF N	/AKING (CHANGES		
City & State			City & State				4 . F	4. FEI Number 59-1880969 Applied For Not Applicable					
Zip Country			Zip			Country		5. Certificate of Status Desired See Required Fee Required					
	6. Name	and Address of Curren	t Registere	ed Agent			7. N	Name and Address of Ne	w Regi				
						Name			<u>`</u>				
	Fredric D Th 33rd T					Street Addre	ss (P.O. B	P.O. Box Number is Not Acceptable)					
SUITE 42	5			* *									
HƏLLYWOOD FL 33021						City		FL			Zip Code		
the obligat	ions of regist		for the purp	oose of changing its	registere	ed office or regi	stered age	ent, or both, in the State o	if Florida	ı. I am fa	miliar with,	and accept	
SIGNATURE		or printed name of registered age	nt and title if and	plicable. (NOT	: Registere	d Agent signature req	uired when re	einstating)		DATE			
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## FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaig Trust Fund Contrib		cing		May Be to Fees	
10.	-	OFFICERS ANI	D DIRECTO	RS	11.		AD	DITIONS/CHANGES TO	OFFICE	RS AND [DIRECTORS	S IN 11	
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

754-966-5436

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