CR2E003 (11/00)

DOCL 1. Entity Nar	JMENT	# A000	QQO	00961		• **	\$10 AP 123			
BANKAT	TLANTIC FIN	iancial ventures i	ı, LTD.	; *		***	FILED			
Principal Pla	ce of Busines	ss.	Ma	ailing Address			MAY -2 AM	11: 59		
1750 E SUNRISE BLVD			17	50 E SUNRISE BLVD		· ·				
FT LAUDERDA	ALE FL 33304		FT	' Lauderdale fl. 333	(4	SECF TALL	RETARY OF S	ORIDA		
2. Principal Place of Business			3. Mailing Address		-			DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & Sta	ite		City & State				4. FEI Numbe	10297	768	Applied For Not Applicable
Zip		Country	Z	Zip	Coun	itry	5. Certificate	of Status Desired		8.75 Additional ee Required
	6. Name	and Address of Currer	nt Regist	tered Agent	<u> </u>		7. Name and	Address of Nev		
						Name				
MILLER, ALISON W 2200 MUSEUM TOWER				:	Street Addres	s (P.O. Box Numbe	r is Not Accepta	ible)		
	T FLAGLER									
MIAMI FL 33130										T = 0 .
MIAMI FL	33130					City			FL	Zip Code
		y submits this statement	for the po	urpose of changing its	registere		tered agent, or both	h, iπ the State of		Zip Code
	named entity					ed office or regis	_	n, in the State of	Florida.	Zip Code
8. The above SIGNATURE 9. Capital Co	e named entity	y submits this statement or printed name of registered ages \$100.00			Registered	ed office or regis	_	11. MAKE CH	Florida. DATE HECK PAYABLE 1	O DEPT. OF STATE
8. The above SIGNATURE 9. Capital Co	Signature, typed ontributions on record.	or printed name of registered ages	and title if	applicable. (NOT	: Registered	ed office or regis d Agent signature requi putions UST BE REGII	ired when reinstating) STERED AND A	11. MAKE CH SEE REVI	DATE HECK PAYABLE 1 ERSE SIDE FOR THIS OFFICE.	O DEPT. OF STATE FEE INFORMATION
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4/16/2001 Date SIGNATURE: Daytime Phone #