

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009057 AT

DOCUMENT # **A32263**

1. Entity Name
ATLAS PAPER MILLS, LTD.



FILED
03 MAY -2 PM 7:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

HJH

Principal Place of Business
**3725 EAST 10TH COURT
HIALEAH FL 33013**

Mailing Address
**3725 EAST 10TH COURT
HIALEAH FL 33013**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0298511**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANANIA, FRANCIS A., ESQ.
SUITE 3300 INTERNATIONAL PLACE
100 SOUTHEAST SECOND STREET
MIAMI FL 33131**

Name

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

City

FL

Zip Code

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.

DATE

9. Capital Contributions as Shown on record. **\$4,950,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P36415**
NAME **APM FINANCIAL CORP.**
STREET ADDRESS **%3725 E. 10TH COURT**
CITY-ST-ZIP **HIALEAH FL**

STREET ADDRESS

CITY-ST-ZIP

100017860931
05/02/03--01014--010 **526.25

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dimitro Bastanzov
Dimitro Bastanzov

President, APM Fin Corp. G.P. 3-31-03

305-835-8046

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE