

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002907 AF

**DOCUMENT # A94000001852**  
 1. Entity Name  
**ATRIUM HOLLYWOOD HOMES, LTD.**

**FILED**

01 JAN 17 PM 12:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
 2525 HOLLYWOOD BOULEVARD      2525 HOLLYWOOD BOULEVARD  
 HOLLYWOOD FL 33020              HOLLYWOOD FL 33020

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0543035**      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  
**ATRIUM HOLLYWOOD HOMES, INC.**  
**2525 HOLLYWOOD BOULEVARD**  
**HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent  
 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.

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

9. Capital Contributions as Shown on record.      \$120,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	P94000092835
NAME	ATRIUM HOLLYWOOD HOMES, INC.
STREET ADDRESS	2525 HOLLYWOOD BOULEVARD
CITY-ST-ZIP	HOLLYWOOD FL 33020
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300003576663--0
CITY-ST-ZIP	-01/26/01--01063--002 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Gregory Atoria*      Date: Jan 13, 01      Daytime Phone #: 954 922-6410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)