

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F13733

1. Entity Name

ATLANTIC MAGNETICS INC.

0134971

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90006 034 ***150.00

Principal Place of Business		Mailing Address									
1480 SW 3RD ST. POMPANO BEACH FL 33069 US		1480 SW 3 ST. POMPANO BEACH FL 33069 US									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip	Country	Zip	Country								
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
ENGEL, MAX P. 200 SE 6TH STREET #530-A FT LAUDERDALE FL				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD CAMMARATA, EDWARD 517 SW 73RD AVENUE N LAUDERDALE, FL 00000		Delete <input checked="" type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		CAMMARATA, EDWARD 3000 E. SUNRISE BLVD SUNRISE, FL 33304-3323		Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VS THOMPSON, SCOTT 11201 NW 1ST PLACE CORAL SPRINGS FL		Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change <input type="checkbox"/> Addition	
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.											

SIGNATURE: *Edward Cammarata*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 954-786-0179

Date

Daytime Phone #

CR2E034 (10/00)