SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2001 ÜNIFORM BUSINESS REPORT (UBR) **FILED** Feb 06, 2001 8:00 am Secretary of State DOCUMENT # F9500000486 1. Entity Name ATLANTIC DEVELOPMENT & MANAGEMENT SE., INC. 02-06-2001 90040 016 \*\*\*150.00 Principal Place of Business Mailing Address 700 SOUTH FEDERAL HIGHWAY 700 SOUTH FEDERAL HIGHWAY 100 **BOCA RATON FL 33432 BOCA RATON FL 33432** Principal Place of Business 3. Mailing Address 1615 5. Fe 1615 S. Fedora DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 202 202 4. FEI Number Applied For City & State 65-0451393 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEIMAN, JAN S Street Address (P.O. Box Number is Not Acceptable) 4800 N. FEDERAL HIGHWAY, STE 307B **BOCA RATON FL 33431** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PCD ☐ Delete TITLE TITLE KRAUSER, CHARLES R NAME NAME STREET ADDRESS STREET ADDRESS 304 SOUTH MAYA PALM DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition □ Delete TITLE TITLE GOLTRA, JOHN R NAME NAME FAN PALM POAO STREET ADDRESS 700 SOUTH FEDERAL HIGHWAY - SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐:Addition Delete TITLE TITLE D'ANGELO, ALBERT NAME NAME STREET ADDRESS 1082 LEDGEWOOD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MOUNTAINSIDE NJ** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of tustee 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.

Davtime Phone #