## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F9600001710

1. Entity Name

ATLANTA REALTY MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

2060 MOUNT PARAN RD ATLANTA GA 30327

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## FILED Mar 19, 2001 8:00 am Secretary of State 03-19-2001 90009 024 \*\*\*150.00

2. Principal Place of Business 13. Mailing Address 10-1 Interpretate North Suita Apt 4-65: PARKWAY EAST 5\(\frac{1}{2}\) State PARKWAY EAST 5\(\frac{1}{2}\) State PARKWAY EAST 5\(\frac{1}{2}\) City & State PARKWAY EAST 5\(\frac{1}{2}\) Country 2/ip Country 30-33-9 Country 30-32-9 Count						1 106112	0 1160 18610 BANG 80101 801	11 <b>30</b> 112 <b>30</b> 121 <b>3016</b> 1 12 <b>0</b> 21	<b>           </b>	11 <b>33</b> 12 1 <b>51</b> 1	
City & State   ATLANTO   CA   ATLANTO   CA   ATLANTO   CA	Suito Apt # otc.						M ITEM KALIM MITIT MATIT WAT	IJ BBISI BBSII BBIBI ITBIT	18881 118		
Signature, typed or printed name of registered agent and title if applicable.   Signature required when reinstating)   DATE	City & State		City & State		4. FEI Numi	per <b>58-20217</b> 2	26	_	olied For Applicable		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  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 filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State	Zip 30339	Country Zip Co		1	5. Certificate of Status Desired			Fee R	Fee Required		
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 filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State	6.	Name and Address of Current F	Registered Agent	N	lame	7. Name an	d Address of New I	Registered Agent			
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 elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State	1200 SOU										
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)    Till NOW!!! FEE IS \$150.00     After MAY 1, 2001 Fee will be \$550.00     Make Check Payable to Department of State    Till NOW!!! Till Now!! Till Now!!! Till Now!!! Till Now!! Till Now!!! Till Now!!! Till Now!!! T						City Zip Code					
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  Trust Fund Contribution.  Added to Fee	GNATURE			•			oth, in the State of F				
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Tax filing requirement and elects to do so. After MAY 1, 2001 Fe				l be \$550.00	1 т	, ,	~ —			
		OFFICERS AND I		12.		ADDITIONS	CHANGES TO OF	FICERS AND DIRE	CTORS	3 IN 11	
TITLE P Delete TITLE NAME  NAME  SEXTON, JOHN W  STREET ADDRESS  CITY-ST-ZIP  ATLANTA GA 30327  Delete  TITLE  NAME  STREET ADDRESS  LOY INTERSTATE NORTH PKBY EAST.  CITY-ST-ZIP  RT LANTA GA 30327	AE SEX	O MOUNT PARAN RD	☐ Delete	NAME STREET AL				ATH PKWY		□ Addition	
	E S GRO	OVE, PAUL M 60 MT PARAN RD STE 100	☐ Delete	name Street al	DDRESS 104	INTER	STATE NOA	Д: <u>Ди</u> РУМ		Addition	
	EET ADDRESS		☐ Delete	NAME STREET AC	DDRESS				hange	Addition	
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TITLE  NAME STREET ADDRESS CITY-ST-ZIP  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 does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes are under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or di	ME EET ADDRESS Y-ST-ZIP	Ababasisas		NAME STREET AL CITY-ST-	ZIP	nation 110 07/0	WA Florida Status			Addition	

of the corporation or supplemental report is true and accurate another my signature sharmave the same legal effect as it made under oath, that i am an officer of office of the corporation or the receiver of 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 accurate with an aggress, with all other like empowered.

**SIGNATURE:** 

SECRETARY WED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR