

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90020 041 \*\*\*550.00

**DOCUMENT # F98000006046**

1. Entity Name  
**ATLAS CONTAINER COMPANY, INC.**

Principal Place of Business <b>1587 NW 163 STREET          MIAMI FL 33169          US</b>	Mailing Address <b>1540 S. GREENWOOD AVE.          MONTEBELLO CA 90640-6536</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address P.O. BOX 278 Suite, Apt. #, etc. <b>ZELLWOOD, FL</b> City & State <b>ZELLWOOD, FL</b>
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DO NOT WRITE IN THIS SPACE

Zip 32798	Country USA	4. FEI Number <b>95-4707860</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.          526 E. PARK AVE.          TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>
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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 \_\_\_\_\_ (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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRUZ, JOE</b> <b>1540 S. GREENWOOD AVE.</b> <b>MONTEBELLO CA 90640</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Pearlman, Elliot</b> <b>2300 W 13 St.</b> <b>Chicago, IL 60608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>FREEMAN, PHIL</b> <b>1540 S. GREENWOOD AVE.</b> <b>MONTEBELLO CA 90640</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Slavin, Barry</b> <b>2300 W 13 St</b> <b>Chicago, IL 60608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>LATHI, DINESH</b> <b>1360 POST OAK BLVD. #800</b> <b>HOUSTON TX 77056</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Hansen-Dalincandro, Gayle</b> <b>2300 W 13 St</b> <b>Chicago, IL 60608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SERGE, TONY</b> <b>1540 S. GREENWOOD AVE.</b> <b>MONTEBELLO CA 90640</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Butler, Gerald P. Jr.</b> <b>6191 Jones Ave</b> <b>Zellwood, FL 32798</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] **May 31/00** **407-889-5500**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/19)