

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90391 003 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G68883

1. Entity Name

ATLANTIC GULF C.C. CORP.

Principal Place of Business 4800 N. FEDERAL HIGHWAY SUITE 105E BOCA RATON, FL 33431	Mailing Address 200 S BISCAYNE BLVD SUITE 4900 MIAMI, FL 33131
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2. Principal Place of Business 13790 NW 4TH STREET	3. Mailing Address 13790 NW 4TH STREET
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Suite, Apt. #, etc. SUITE 113	Suite, Apt. #, etc. SUITE 113
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City & State SUNRISE, FL	City & State SUNRISE, FL
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Zip 33325	Country 33325	Zip 33325	Country
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6. Name and Address of Current Registered Agent GRAGG, LAWRENCE K. 200 S. BISCAYNE BLVD. SUITE 4900 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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
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10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees <input type="checkbox"/>
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CR2E034 (11/00)

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ACKERMAN, RICHARD S 4800 N FEDERAL HWY ,SUITE 105E BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AHERN, PATRICK M. C/O AHERN, 2 GREENWICH PLAZA GREENWICH, CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GITLIN, GENE 4800 N. FEDERAL HWY, SUITE 105E BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GIBLIN JR., E.M. 13790 N.W. 4TH ST, SUITE 113 SUNRISE, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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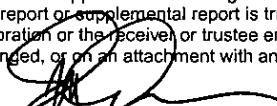
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILCOX II, R. JOHN C/O AHERN, 2 GREENWICH PLAZA GREENWICH, CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILCOX, ROBERT J. C/O AHERN, 2 GREENWICH PLAZA GREENWICH, CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILLER, ANDREA 13790 N.W. 4TH ST, SUITE 113 SUNRISE, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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
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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: 

E.M. GIBLIN, JR.

04/26/01 954-838-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #