

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H78481

1. Entity Name

ATLANTIC BUSINESS ENTERPRISES, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90043 020 \*\*\*150.00

Principal Place of Business

Mailing Address

1500 NW 49TH STREET  
SUITE 500  
FT. LAUDERDALE FL 33309

3100 N OCEAN BLVD  
904  
FT. LAUDERDALE FL 33308-7194

2. Principal Place of Business

3. Mailing Address

3100 N. OCEAN BLVD.

Suite, Apt. #, etc.

# 904

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip

33308

Country

U.S.

Zip

Country

4. FEI Number

59-2585258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMELSKY, MARC  
3100 N OCEAN BLVD  
FT LAUDERDALE FL 33308

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
PST  
HAMELSKY, MARC  
3100 N OCEAN BLVD SUITE 904  
FT LAUDERDALE FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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D  
HAMELSKY, MARC  
3100 N OCEAN BLVD SUITE 904  
FT LAUDERDALE FL 33308 ☐ Delete

TITLE  
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☐ Change ☐ 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:

*Marc Hamelsky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/24/00

Daytime Phone #

954-567-0405

CR2E034 (9/99)