

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90201 040 ***150.00

DOCUMENT # K35633

1. Entity Name
ATHANS RAIL BONDS, INC.

Principal Place of Business

% GEORGE ATHANS
 1850 SW 8TH ST SUITE 312
 MIAMI FL 33135

Mailing Address

% GEORGE ATHANS
 1850 SW 8TH ST SUITE 312
 MIAMI FL 33135

2. Principal Place of Business

P.O. Box 521046

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Same

Zip

33152

Country

USA

Zip

Same

Country

Same

4. FEI Number

65-0076957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEWIS, RICHARD C.
 799 BRICKELL PLAZA
 SUITE 702
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Dan May

Street Address (P.O. Box Number is Not Acceptable)

808 Majorca

City

Coral Gables,

FL

Zip Code

33134

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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, 2001 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

TITLE PD
 NAME ATHANS, GEORGE
 STREET ADDRESS 1850 SW 8TH ST. #312
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME Athans, George
 STREET ADDRESS 2001 NW 7th St. #301
 CITY-ST-ZIP Miami, FL 33136

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01 541-5050

Daytime Phone #

CR2E034 (10/00)

0165689