

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L10040	
Entity Name Atlantic Park Corp.	

Principal Place of Business 7173-Mentriee-Dr. Boca-Raton, FL-33433 US	Mailing Address 7173-Mentriee-Dr. Boca-Raton, FL-33433 US
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Principal Place of Business 5658 NW 109th Lane Suite, Apt. #, etc.	3. Mailing Address 5658 NW 109th Lane Suite, Apt. #, etc.
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City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33076	Country

4. FEI Number 65-0141110	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent Trematerra, Vita Y. 7173-Mentriee-Dr. Boca-Raton, FL-33433	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	5658 NW 109th Lane
City	Coral Springs
State	FL
Zip Code	33076

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 _____

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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
LE ME REET ADDRESS Y-ST-ZIP	P Tematerra, Vita Y. 7173-Mentriee-Dr. Boca-Raton, FL-33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5658 NW 109th Lane Coral Springs, FL 33076 <input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003178921--6 -03/21/00--01121--018 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Vita Trematerra</u>	Vita Trematerra	3/12/2000	954-575-2370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)