

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L25023**

1. Entity Name

ATLANTIS MOLDED PLASTICS, INC.

FILED

00 FEB 16 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2665 S. BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133-5401

2665 S. BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133-5401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0150616

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KLEIN, PETER W~~

2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133-5401

Name

Maria C. Callejas

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

Maria C Callejas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/00

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 ☐ Delete

NAME **S**
STREET ADDRESS **KUFFNER, MARILYN D**
CITY-ST-ZIP **2665 S. BAYSHORE DR. SUITE 800**
MIAMI FL

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **POWELL, EARL W**
CITY-ST-ZIP **2665 S. BAYSHORE DR.**
MIAMI FL

TITLE ☐ Delete

NAME **CPD**
STREET ADDRESS **BOVA, ANTHONY F**
CITY-ST-ZIP **1870 THE EXCHANGE SUITE 200**
ATLANTA GA

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **GEORGE, PHILLIP T MD**
CITY-ST-ZIP **2665 S. BAYSHORE DR. SUITE 800**
MIAMI FL 33133-5401

TITLE ☐ Delete

NAME **EVP**
STREET ADDRESS **RUDOVSKY, PAUL**
CITY-ST-ZIP **1870 THE EXCHANGE SUITE 200**
ATLANTA GA

TITLE ☐ Delete

NAME **VP**
STREET ADDRESS **GEARY, JOHN A**
CITY-ST-ZIP **57500 COUNTY RD. 3 SOUTH**
ELKHART IN 46517

TITLE ☐ Change ☒ Addition

NAME **T/C**
STREET ADDRESS **Thomas D. Wilgus**
CITY-ST-ZIP **US Highway 60 West**
Henderson, KY

TITLE ☐ Change ☐ Addition

NAME **100003144211-02**
STREET ADDRESS **-02/23/00--01029--016**
CITY-ST-ZIP *****150.00 ***150.00**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00 305/858-2200

CR25034 (9/99)