

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90086 019 \*\*\*150.00

**DOCUMENT # L25023**

1. Entity Name  
**ATLANTIS MOLDED PLASTICS, INC.**

Principal Place of Business

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

Mailing Address

**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

**CALLEJAS, MARIA C  
2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
MIAMI FL 33133-5401**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KUFFNER, MARILYN D</b> <b>2665 S. BAYSHORE DR. SUITE 800</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POWELL, EARL W</b> <b>2665 S. BAYSHORE DR.</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD</b> <b>BOVA, ANTHONY F</b> <b>1870 THE EXCHANGE SUITE 200</b> <b>ATLANTA GA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEORGE, PHILLIP T MD</b> <b>2665 S. BAYSHORE DR. SUITE 800</b> <b>MIAMI FL 33133-5401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>RUDOVSKY, PAUL</b> <b>1870 THE EXCHANGE SUITE 200</b> <b>ATLANTA GA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GEARY, JOHN A</b> <b>57500 COUNTY RD. 3 SOUTH</b> <b>ELKHART IN 46517</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>PAUL SAARI</b> <b>1870 THE EXCHANGE SUITE 200</b> <b>ATLANTA GA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>THOMAS D. WILGUS</b> <b>57500 COUNTY RD 3 SOUTH</b> <b>ELKHART IN 46517</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

**MARILYN D. KUFFNER**

**1-17-01**

Date

**3058582200**

Daytime Phone #

CR2E034 (10/00)