

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L34750

1. Entity Name

ATRIUM SOUTH, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91409 050 ***150.00

Principal Place of Business
915 SEMORAN BLVD
CASSELBERRY FL 32707

Mailing Address
915 SEMORAN BLVD
CASSELBERRY FL 32707-5632

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 25-1621586
Applied For
Not Applicable

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

MANSORI, ZUBAIR S
815 ORIENTA AVE
SUITE 2
ALTAMONTE SPRINGS FL 32701

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 *Zubair S. Mansori*
Signature, typed or printed name of registered agent and title if applicable.

4/28/00
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	Delete
DST	MANSORI, ZUBAIR S.	815 ORIENTA AVE, SUITE 2	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>
DP	BEAS, THOMAS R.	815 ORIENTA AVE, SUITE 2	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Zubair S. Mansori*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

Daytime Phone #

CR2E034 (9/99)