

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

0067741 AV

DOCUMENT # L34750

1. Entity Name
ATRIUM SOUTH, INC.

02-01-2002 90005 023 ***150.00

Principal Place of Business

**915 SEMORAN BLVD
 CASSELBERRY FL 32707**

Mailing Address

**915 SEMORAN BLVD
 CASSELBERRY FL 32707**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SOS Maitland Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Altamonte Springs FL

Zip

32701

Country

USA

3. Mailing Address

SOS Maitland Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Altamonte Springs FL

Zip

32701

Country

USA

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

MANSORI, ZUBAIR S

815 ORIENTA AVE

SUITE 2

ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

Mansori, Zubair S

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

SOS Maitland Avenue

Suite 206

City

Altamonte Springs

FL

Zip Code

32701

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.

(NOTE: Registered Agent signature required when reinstating)

1-15-02

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, 2002 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 **DST** ☐ Delete
 NAME **MANSORI, ZUBAIR S.**
 STREET ADDRESS **815 ORIENTA AVE, SUITE 2**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **DP** ☐ Delete
 NAME **BEAS, THOMAS R.**
 STREET ADDRESS **815 ORIENTA AVE, SUITE 2**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DST** ☒ Change ☐ Addition
 NAME **Mansori, Zubair S.**
 STREET ADDRESS **SOS Maitland Avenue, Suite 206**
 CITY-ST-ZIP **Altamonte Springs FL 32701**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Beas, Thomas R.**
 STREET ADDRESS **SOS Maitland Avenue, Suite 206**
 CITY-ST-ZIP **Altamonte Springs FL 32701**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

1-15-02 407-331-3122

Date

Daytime Phone #

CR2E034 (9/01)