| 199649 |) | Applied For Not Applicable | | | |
|-----------|-------------|-----------------------------------|--|--|--|
| esired | | \$8.75 Additional Fee Required | | | |
| New Re | egistered A | | | | |
| | | | | | |
| ceptable) | | | | | |
| 87 | | | | | |
| | FL | Zip Code | | | |
| | | | | | |

2000 UNIFORM BUSINESS REPORT (UBR)

| DOCLI | MENT # L52978 | | | | TILED Man 20, 2000 8:00 a | |
|-----------------------------------|--|-------------------------------------|---------------------|--|--|---------------|
| 1. Entity Nam | | | | | Mar 20, 2000 8:00 and Secretary of State | Ш |
| ATLAS F | LORAL DECORATORS OF FL | .orida, in | IC. | | 03-20-2000 90080 035 ***150.00 | |
| D-iiI Dian | of Divisions | Maili a As | Nelson a | | _ | |
| Principal Plac | | Mailing Ad 1060 HOLL | | | | |
| 1060 HOLLAND SUITE 3C | | SUITE 3C | | | d1616nav | |
| BOCA RATON | FL 33487 | BOCALRATI | ON FL 33487-275 | 3 8 | | |
| 2. Principal P | ace of Business | 3. Mailing | Address | | | |
| | | | | | | |
| Suite, Apt. #, etc. | | Suite, Ar | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State | | City & Si | City & State | | 4. FE! Number 65-0199649 Applied For Not Applica | $\overline{}$ |
| Zip | Country | Zip | | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| | 6. Name and Address of Current I | Registered A | gent | | 7. Name and Address of New Registered Agent | 二 |
| CELLID TOOLING | | | | | e S. Friedman | _ |
| BEHAR, JOSHUA 1060 HOLLAND DR. | | | Street Address (| | (P.O. Box Number is Not Acceptable) Holland Drive | |
| BOCA RATON FL 33487 | | | | | Raton, F1. 33487 | |
| | | | | City | FL Zip Code | |
| 8. The above | named entity submits this statement for | the purpose | of changing its | registered office or regis | stered agent, or both, in the State of Florida. | \exists |
| | 1911 | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agent a | nd title if applicable | e. (NOTE | E: Registered Agent signature requ | uired when reinstating) DATE | |
| 9. This corpo | ration is eligible to satisfy its Intangible | <u> </u> | FILE NOW! | !! FEE IS \$150.00 | 10. Election Campaign Financing \$5.00 May B | |
| _ | equirement and elects to do so. | | ter MAY 1, 20 | 00 Fee will be \$550.00 le to Department of S | Trust Fund Contribution. Added to Fees | * |
| 11. | OFFICERS AND | | Oneck Payab | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | _ |
| TITLE | DV | | ☐ Delete | TITLE | ☐ Change ☐ Addit | ion |
| NAME STREET ADDRESS | ATLAS, ELLIOT J. 46-12 70TH STREET | | | NAME STREET ADDRESS | | |
| CITY-ST-ZIP | WOODSIDE NY | | | CITY-ST-ZIP | | _ |
| TITLE | DTS | - | ☐ Delete | TITLE NAME | ☐ Change ☐ Addi | ion |
| name Street address | ATLAS, LAWRENCE 46-12 70TH STREET | | | STREET ADDRESS | | |
| CITY-ST-ZIP | WOODSIDE NY | | | CITY-ST-ZIP | | |
| TITLE NAME | BEHAR, JOSHUA | | Delete | TITLE NAME | Change Addit | ion |
| STREET ADDRESS | 9117 GETTYSBURG RD. | | | STREET ADDRESS | DELETE | |
| CITY-ST-ZIP | BOCA RATON FL | | | CITY-ST-ZIP | ☐ Change ☐ Addii | |
| TITLE NAME | v Friedman, lane | | ☐ Delete | TITLE NAME | ☐ Change ☐ Addil | ווטו |
| STREET ADDRESS | 4300 NW 83RD LANE | | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRIGNS FL | | [] p-1-4- | CITY-ST-ZIP TITLE | ☐ Change ☐ Addit | rion |
| title Name | | | ☐ Delete | NAME | _ Citaligo _ Nacin | |
| STREET ADDRESS | | | | STREET ADDRESS CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | | | Delete | TITLE | ☐ Change ☐ Addii | ion |
| NAME | | | - Delete | NAME | | |
| STREET ADDRESS CITY-ST-ZIP | | | | STREET ADDRESS CITY-ST-ZIP | | |
| | ertify that the information/Supplied with | his filing doe | s not cualify for | | Section 119.07(3)(i), Florida Statutes. I further certify that the information | |

indicated on this report or supplemental report is frue 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 of 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 a yaddress, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR