

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 23, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000002712****1. Entity Name**

ATLANTIC HOLDING GROUP, L.L.C.

**Principal Place of Business****Mailing Address**

19495 BISCAYNE BLVD., #708

19495 BISCAYNE BLVD., #708

AVENTURA  
33180

FL

AVENTURA  
33180

FL

**2. Principal Place of Business**

19495 BISCAYNE BLVD.,

**3. Mailing Address**

19495 BISCAYNE BLVD.,

Suite, Apt. #, etc.  
708Suite, Apt. #, etc.  
708City & State  
AVENTURA FLCity & State  
AVENTURA FL**4. FEI Number****65-0923571**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SLEND A CHAN  
19495 BISCAYNE BLVD., #708AVENTURA FL  
33180 US**7. Name and Address of New Registered Agent****Name**

SLEND A CHAN C

**Street Address (P.O. Box Number is Not Acceptable)**  
19495 BISCAYNE BLVD.,

708

City  
AVENTURA**FL**Zip Code  
33180**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 **SLEND A C. CHAN****02/23/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WU ZHI WEI 19495 BISCAYNE BLVD SUITE 708 AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEND A CHAN 19495 BISCAYNE BLVD SUITE 708 AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.****SIGNATURE: Slenda Chan**

MGRM 02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)