

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-24-2001 90322 041 ***150.00

DOCUMENT # **P00000021020**

1. Entity Name

ATLANTIS CABINETS INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

1091 SW 1ST WAY

Suite, Apt. # etc.

3. Mailing Address

1091 SW 1ST WAY

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

4. FFI Number

65-1035252

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

Name **CHRISTOPHER CALPORETTE**

Street Address (P.O. Box Number is Not Acceptable)
1091 SW 1ST WAY

City **DEERFIELD BEACH**

FL

Zip Code

33441

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☒ Change ☐ Addition
NAME	CHRISTOPHER CALPORETTE
STREET ADDRESS	1091 SW 1ST WAY
CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 indicated on this report or supplemental report is true and accurate and that n of the corporation or the receiver or trustee empowered to execute this report 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

Date

Daytime Phone #

75859

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)