

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053557

1. Entity Name  
ATLANTIC MANOR MANAGEMENT, REALTY & INVESTMENT C

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90042 014 \*\*\*150.00

Principal Place of Business  
190 N.E. 199TH ST., STE. 201  
N. MIAMI BEACH FL 33179

Mailing Address  
190 N.E. 199TH ST., STE. 201  
N. MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
190 NE 199th Street  
Suite, Apt. #, etc.  
Suite 201  
City & State  
N.M. Beach, FL  
Zip  
33179  
Country  
USA

3. Mailing Address  
P.O. Box 245805  
Suite, Apt. #, etc.  
Pembroke  
City & State  
Pembroke Pines, FL  
Zip  
33024  
Country  
USA

4. FEI Number  
65-1029439  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SPANN, JAMES JR.  
3390 FOXCROFT RD., STE. C-111  
MIRAMAR FL 33025

7. Name and Address of New Registered Agent  
Name  
James Spann, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
190 NE 199th Street  
Suite 201  
City  
N.M. Beach, FL  
Zip Code  
33179

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 James Spann, Jr. DATE 4/28/01  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SPANN, JAMES JR. P.O. BOX 245805 PEMBROKE PINES FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James Spann, Jr. DATE 4/28/01 (954) 478-4139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)