

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90396 011 ***150.00

DOCUMENT # P00000053557

1. Entity Name

ATLANTIC MARJOR MANAGEMENT, REALTY &
Investment Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

190 NE 199th Street

Suite, Apt. #, etc.

Suite 207

3. Mailing Address

P.O. Box 245805

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

Pembroke Pines, FL

4. FEI Number

651029439

Applied For

☐ Not Applicable

Zip

33179

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name JAMES - SPANN, Jr.

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

190 NE 199th Street, Suite 207

City MIAMI

FL

Zip Code

33179

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PVST
NAME JAMES SPANN, JR.
STREET ADDRESS P.O. Box 245805
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE D
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STREET ADDRESS P.O. Box 245805
CITY-ST-ZIP Pembroke Pines, FL 33024

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IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE:

James Spann Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

(954) 478-4139

Date

Daytime Phone #

CR2E034B (12/01)