

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90053 015 ***150.00

DOCUMENT # P00000063100

1. Entity Name

SAWGRASS SURF INC.

company name changed to:
Atlantic Surf, Inc.

N/C 12/11

Principal Place of Business
Atlantic Surf, Inc.
4100 N 28TH TERR
HOLLYWOOD FL 33021

Mailing Address
Atlantic Surf, Inc.
4100 N 28TH TERR
HOLLYWOOD FL 33021

60020235



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4100 N. 28 TERR.

Suite, Apt. #, etc.

4100 N. 28 TERRACE

City & State

Hollywood FL

City & State

Hollywood, FL

4. FEI Number

65-1066314

Applied For

Not Applicable

Zip

33020

Country

BRWD

Zip

33020

Country

BRWD

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

STONE, ADELE I ESQ
1946 TYLER ST
HOLLYWOOD FL 33020

Name

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

City

FL

Zip Code

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!!! 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	pres	DORON Malinasky	☐ Delete
NAME		3159 N. 34 STREET	
STREET ADDRESS		Hollywood, FL 33021	
CITY-ST-ZIP			
TITLE		sec	☐ Delete
NAME		Shayl Zislin	
STREET ADDRESS		2170 N. 35 St.	
CITY-ST-ZIP		Hollywood FL 33021	
TITLE		V.P.	☐ Delete
NAME		ELIYAHU LEVY	
STREET ADDRESS		12435 KEYSTONE Island Dr.	
CITY-ST-ZIP		N. Miami, FL 33181	
TITLE		V.P.	☐ Delete
NAME		Avraham Ovakinin	
STREET ADDRESS		3351 SW 57 Place	
CITY-ST-ZIP		Ft. Lauderdale, FL 33312	
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 964-924-9778
Date Daytime Phone #

CR2E034 (10/00)