

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000064131**

1. Entity Name  
**ATLANTIS FREIGHT FORWARDING, INC.**

Principal Place of Business 135 WOODLAKE CIRCLE  GREENACRES FL 33463	Mailing Address 135 WOODLAKE CIRCLE  GREENACRES FL 33463
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 540847  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LAKE WORTH FL	City & State LAKE WORTH FL
Zip 33454	Country

4. FEI Number <b>65-1023682</b>	Applied For Not Applicable
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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**

**SPIEGEL & UTRERA, P.A.**  
 343 ALMERIA AVENUE  
  
**CORAL GABLES FL 33134 US**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 \_\_\_\_\_ DATE **01/17/2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	VSD KINNERSLEY EILEEN 135 WOODLAKE CIRCLE GREENACRES FL 33463 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLDBERG ANNA 135 WOODLAKE CIRCLE GREENACRES FL 33463 <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

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: EILEEN KINNERSLEY** VP **01/17/2001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)