

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90286 037 ***150.00

DOCUMENT # P00000075685

1. Entity Name

LAS OLAS VENTURE GROUP, INC.

Principal Place of Business

**647 E DANIA BEACH BLVD
DANIA BEACH FL 33004**

Mailing Address

**647 E DANIA BEACH BLVD
DANIA BEACH FL 33004**

2. Principal Place of Business

**% Atlantia Holdings
910 S.E. 17th St., Suite 300
Ft. Lauderdale, FL 33316**

3. Mailing Address

**% Atlantia Holdings
910 S.E. 17th St., Suite 300
Ft. Lauderdale, FL 33316**

4. FEI Number

65-1033692

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAMIANAKIS, ANTHONIE
647 E DANIA BEACH BLVD
DANIA BEACH FL 33004**

7. Name and Address of New Registered Agent

**J. Wagner
% Atlantia Holdings
910 SE 17th St., Suite 300
Ft. Lauderdale, FL 33316****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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bailey, William A. % Atlantia Holdings 910 SE 17th St., # 300 Ft. Lauderdale, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Amaradidas, George % Atlantia Holdings 910 SE 17th St., #300 Ft. Lauderdale, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Farrell, James B. % Atlantia Holdings 910 SE 17th St., #300 Ft. Lauderdale, FL 33316	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #