2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 1. Entity Name ATLANTIC LV INVESTME	<i>γ</i> ε, β	V	Mar 01, 2001 8:00 ar Secretary of State 02-01-2001 90175 031 ***150.00
Principal Place of Business	Mailing Address		
2650 NE 52ND ST. 2650 NE 52ND ST. LIGHTHOUSE POINT FL 33064-7052 LIGHTHOUSE POINT		33064-7052	V 0 0 0 V
2. Principal Place of Business	3. Mailing Address		1 ADBUURNI AN BRAH BRAN BAKA BRAH BRAH KARA KANPO (NAK KANP NAHA BRAN KRB)
Suite, Apt. #, etc.	Suite, Apl. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For Not Applicable
Zip Count	zy Zip	Country	5. Certificate of Status Desired See Required Fee Required
6. Name and Ado	dress of Current Registered Agent	Name	7. Name and Address of New Registered Agent
WILLIAMS, STEPHEN G 2650 NE 52ND ST.		Street Address	(P.O. Box Number is Not Acceptable)
LIGHTHOUSE POINT FL	. 33064-7052		
		City	FL Zip Code
9. This corporation is eligible to sa Tax filing requirement and electr (See criteria on back)	s to do so. OFFICERS AND DIRECTORS FILE NO After MAY 1 Make Check Pa	NOTE: Registered Agent signature require NOTE: FEE IS \$150.00 , 2001 Fee will be \$550.00 yable to Department of Sta	10. Election Campaign Financing -\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME PSTD NAME STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE PO		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition CHange Addition CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS DITY-ST-ZIP	□ Change □ Addition B
TITLE NAME STREET ADDRESS C/TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NITLE NAME STREET ADDRESS CITY-SI-ZIP	Detete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME: STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-SI-ZIP	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	The Charles of the Ch
indicated on this report or supp of the corporation or the receive	tion supplied with this filling does not qualify fermental report is true and accurate and the error trustee empowered to execute this rep with an address, with all other like empower	at my signature shall have the fort as required by Chapter 60:	section 119.07(3)(i). Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 17. Florida Statutes; and that my name appears in Block 11 or Block 12 if