**2001 UNIFORM BUSINESS REPORT (UBR)** 

SIGNATURE:

DOCUMENT # P00000097260				Secretary of State		
, ,	ND OFFICE, INC.		l	05-24-200	1 90006 017 ***150	0.00
Principal Place of Business Mailing Address				_		
647 E. DANIA DANIA BEACH		647 E. DANIA BEACH BLVD. DANIA BEACH FL 33004		UUU68984		
		:				IN <b>an</b> ii <b>in</b> ar
2. Principal Place of Business		3. Mailing Address				
% Atla	ntia Holdings 17 <sup>th</sup> St., Suite 300	% Atlantia Holdings 910 SE 17 <sup>th</sup> St., Suite 300		DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For		
Ft. Lauderdale, FL 33316		Ft. Lauderdale, FL 33316		4. FEI Number 65-1047165		plied For of Applicable
				5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New F	Registered Agent	
647	Mianakis, anthone E. Dania Beach Blyd. Mia Beach Fl 33004		910 SE 17	Igner Ilantia Holdings EE 17 <sup>th</sup> St., Suite 300 auderdale, FL 33316  FL Zip Code		9
SIGNATURE  9. This corp Tax filing	Signature, typed or printed name of registered agent a coration is eligible to satisfy its intangible requirement and elects to do so.		stered Agent signature requi	red when reinstating)  10. Election Campaign Fir	DATE sancing \$5.0	<b>0</b> May Be to Fees
11.	OFFICERS AND [	242 2 1 The State of the State	12.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS	P Bailey, William A. % Atlantia Holdings 910 SE 17 <sup>th</sup> St., # 300	te I	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ft. Lauderdale, FL 33316  S Farrell, James B. %Atlantia Holdings		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	910 SE 17 <sup>th</sup> St., #300 Ft. Lauderdale, FL 33316		TITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with f on this report or supplemental report is reporation or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that my sig wered to execute this report as re	nature shall have the	e same legal effect as if made under o	oath: that I am an officer	or director

4/30/01