## 2002 UNIFORM BUSINESS REPORT (UBR)

## P00000098939 **DOCUMENT #**

1. Entity Name

ATLANTIC BRIDGE, INC.

FILED Apr 23, 2002 8:00 am Secretary of State 04-23-2002 90396 041 \*\*\*158.75

NAME STREET ADDRESS 1907 ELMWOOD AVENUE CITY-ST-ZIP TITLE DP STREET ADDRESS STORET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DT STREET ADDRESS STREET A	_	,									
TAMPA R. 3895  Suito, Apt. #, etc.  Suito, Apt. #, etc.  Suito, Apt. #, etc.  Suito, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sic Cartificate of Status Deared  Fee Regulated  Fee R	Principal Plac	e of Business									
Suito, Apt. II, etc.  Suito, Apt. III, etc.  City & State  Spread Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  StonATURED  Boulant, seed or preserve of registered of the application and address of New Registered Agent  City FL Zip Coole  StonATURED  Boulant, seed or preserve of registered Agent or pound raw of registered Agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or preserve of registered of the application and address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  StonATURED  Boulant, seed or preserve of registered Agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or preserve of registered agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or preserve of registered agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or preserve of registered agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or both or street agent or state agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or both or street agent or state agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or both or street agent or state agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or both or street agent or state agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or both or street agent or state agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or both or str	•										
Suito, Apt. II, etc.  Suito, Apt. III, etc.  City & State  Spread Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  StonATURED  Boulant, seed or preserve of registered of the application and address of New Registered Agent  City FL Zip Coole  StonATURED  Boulant, seed or preserve of registered Agent or pound raw of registered Agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or preserve of registered of the application and address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  StonATURED  Boulant, seed or preserve of registered Agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or preserve of registered agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or preserve of registered agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or preserve of registered agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or both or street agent or state agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or both or street agent or state agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or both or street agent or state agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or both or street agent or state agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or both or street agent or state agent, or both, in the State of Florida.  SIGNATURED  Boulant, seed or both or str			<u> </u>	·							
City & State  Country  Specificate of Status Desired  Normal  Normal  Street Address (P.O. Box Number is Not Acceptable)  Street	2. Principal P	face of Business	3. Mailing Address	-			*		3 <b>0</b> 110 10105 111		
Zp Country Zp Country Zp Country Sp-3677146   Not Applicable Sp-3677146   Not Applicab	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP	'ACE		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE  CORAL GABLES FL 33134  City  FL  Signature, hoed or precedurem or registered agent are accompanied to be companied to be companied to be companied and acceptable agent and sected to do so.  Arter May 1, 2002 Fee will be \$550.00  Mater May 1, 2002 Fee will be \$50.00  Mater May 1, 2002 Fee wil	City & Stat	e	City & State			<b>4.</b> F	E0-2677146			<u> </u>	
SPEGEL & UTRERA, P.A.  343 ALMERIA AVENUE CORAL GABLES FL 33134  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered Agent segment required extent with the State of Florida.  SIGNATURE?  9. This corgonation is eligible to setirely its Intangible Tarkfing requirement and elocits to dispose of make the May 1, 2002 Fee will be \$550.00 Make Cheeck Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME STREET AURIES STREET	Zip	Country	Zip	Coun	itry	5. (	Certificate of Status Desired		8.75 Add	ditional	
SPIEGEL & UTRIERA, P.A.  343 ALMERIA AVENUE  CORAL GABLES FL 331344  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. 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/  Signuma, head of protect name of registered segment and time if accretable PLTE S150.00  After May 1, 2002 Fee will be \$550.00  Make Check Physiole to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  VILLE  DY GRAPH AND AREK  STREET ADDRESS  107-ST-2P  NAME  SEDLIAK, MAREK  STREET ADDRESS  107-ST-2P  NAME  SEDLIAK, MILAN  STREET ADDRESS  107-ST-2P  NAME  STREET ADDRESS  107-ST-2P  Addition  Addition  CITY-ST-2P  NAME  STREET ADDRESS  107-ST-2P  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11.  DEBECTORS IN 11  Addition  Addition  Addition  CITY-ST-2P  NAME  STREET ADDRESS  107-ST-2P  107-ST-2P  NAME  STREET ADDRESS  107-ST-2P  107-		6. Name and Address of Current R	egistered Agent	l		7. N	lame and Address of New Reg		•		
343 ALMERIA AVENUE CORAL GABLES FL 33134  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?  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on boak)   December 1, 2002 Fee will be \$550.00   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE   DV   Debate   Tilling					Name						
CORAL GABLES FL 33134    City   FL   Zip Code		· · · · · · · · · · · · · · · · · · ·	Street Address			ss (P.O. B					
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?  SUBMINITURE Supplies the statisty its Intangable Tax filling requirement and elects to do so after May 1, 2002. Fee will be \$550.00 Marter May 1, 2002. Fee wil						,					
SIGNATURE?  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  13. OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  15. OFFICERS AND DIRECTORS  16. Election Campaign Financing 17. TITLE  17. OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  17. OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  18. OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  18. OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  18. OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  19. Change Addition  19. Election Campaign Financing 19. Election Campaign Financing 19. Addition  19. Election Campaign Financing 19. Election Campaign Financ					City			FL	Zip Cod		
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Street Andress City-St-2ip Title  OS COSUTIONA, MARTA STREET ANDRESS CITY-St-2ip Title  OS CITY-St-2ip CITY-St-2ip  OS CITY-St-2ip CITY-St-2ip  OS CITY-	SIGNATURE?		A101	- B			landari (no.)	DATE			
Tax filing requirement and elects to do so (See criteria on back)   After May 1, 2002   Fee will be \$550.00   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees   Added to Fees    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11    11. NAME   SEDLIAK, MAREK   STREET ADDRESS   907 ELMWOOD AVENUE   CITY-ST-2IP    12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14    13. NAME   SEDLIAK, MILAN   Delete   TitLE   NAME   NAME    14. NAME   SEDLIAK, MILAN   STREET ADDRESS   OITY-ST-2IP    15. AMPA FL 33605   OITY-ST-2IP    16. COSUTOVA, MARTA   Delete   TITLE   NAME   NAME    17. COSUTOVA, MARTA   Delete   TITLE   NAME   NAME    18. COSUTOVA, MARTA   Delete   TITLE   NAME   NAME    18. COSUTOVA, MARTA   Delete   TITLE   NAME   NAME    18. COSUTOVA, MARTA   Delete   TITLE   NAME   NAME   NAME   NAME   NAME    18. COSUTOVA, MARTA   Delete   TITLE   NAME   NAME   NAME   NAME   NAME   NAME   Addition    18. COSUTOVA, MARTA   Delete   TITLE   NAME   NAM		Signature, typed or printed name of registered agent an				uired when re	insta(ing)	DATE			
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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	<b>13.</b> ! hereby a	certify that the information supplied with t	this filing does not qualify fo	r the exe	mption stated ir	Section :	119.07(3)(i), Florida Statutes. I f	urther certif	y that the i	nformation	

indicated on an report or supplemental report is true and accurate into signature sharmave me same legal effect as it made under out, that it air an officer of the corporation or the receiver or trustee empowered to expecte 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:

APRICE, 2002

435-603-0315