2001 UNIFORM BUSINESS REPORT (UBR)

May 19, 2001 8:00 am Secretary of State DOCUMENT # P00000104628 1. Entity Name 05-19-2001 90286 031 ***150.00 1600 SEVENTEENTH, INC. Principal Place of Business Mailing Address 552920 647 E. DANIA BEACH BLVD. 647 E. DANIA BEACH BLVD. DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address % Atlantia Holdings DO NOT WRITE IN THIS SPACE % Atlantia Holdings 910 SE 17th St., Suite 300 910 SE 17th St., Suite 300 _ 4. FEI Number 65-1052663 Ft. Lauderdale, FL 33316 Applied For Ft. Lauderdale, FL 33316. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J. Wagner DAMIANAKIS, ANTHONE ESQ. % Atlantia Holdings 647 E. DANIA BEACH BLVD. 910 SE 17th St., Suite 300 DANIA BEACH FL 33004 Ft. Lauderdale, FL 33316 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 ... printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001, Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) A Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Bailey, William A. STREET ADDRESS STREET ADDRESS % Atlantia Holdings CITY-ST-ZIP CITY-ST-ZIP 910 SE 17th St., # 300 Ft. Lauderdale, FL 33316 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Farrell, James B. CITY-ST-ZIP CITY-ST-ZIP % Atlantia Holdings 910 SE 17th St., #300 TITLE ☐ Change Addition TITLE NAME Ft. Lauderdale, FL 33316 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

with all other like empowered.

changed, or on an attachment with an address

FILED

Daytime Phone #