


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90173 019 ***150.00

DOCUMENT # P00000109964

1. Entity Name
ATLAS INSURANCE, INC.



Principal Place of Business Mailing Address
46 S.W. FIRST ST., STE. 400 **46 S.W. FIRST ST., STE. 400**
MIAMI FL 33130 **MIAMI FL 33130**

2. Principal Place of Business 3. Mailing Address
5201 BLUE LAGOON Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
976
 City & State City & State
Miami, FL
 Zip Country Zip Country
33126 **U.S.A.**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
COHEN, GARY P
46 S.W. FIRST ST., STE. 400
MIAMI FL 33130

4. FEI Number Applied For
65-1065923 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. NUNES, EDGAR N <input type="checkbox"/> Delete FOKKERWEG NO.6, WILLEMSTAD CURACAO NETHERLANDS, ANTILLES SW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other I've empowered.

SIGNATURE: **SIGNATURE REQUIRED** Date: **Feb 20, 2003** Daytime Phone #: **(305) 718-3342**

CR2E034 (10/02)