## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 19, 2001 8:00 am Secretary of State DOCUMENT # P0100000776 ATLANTIA HOLDINGS CORP. 05-19-2001 90286 034 \*\*\*150.00 Principal Place of Business Mailing Address 910 S.E. 17TH STREET 910 S.E. 17TH STREET FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE % Atlantia Holdings % Atlantia Holdings 910 SE 17<sup>th</sup> St., Suite 300 910 SE 17<sup>th</sup> St., Suite 300 -4. FEI Number Applied For 65-1066889 Ft. Lauderdale, FL 33316 Ft. Lauderdale, FL 33316 \_\_\_ Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Wagner, J. DAMIANAKIS, ANTHONE ESQ Street Address (P.O. Box Number is Not Acceptable) **% Atlantia Holdings** 910 S.E. 17TH STREET FT LAUDERDALE FL 33316 910 SE 17th St., #300 Ft. Lauderdale 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. 🚜 🎉 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Delete TITLE TITLE Bailey, William A. NAME NAME DAMIANAKIS, ANTHONE ESQ %Atlantia Holdings, 910 SE 17th St., #300 STREET ADDRESS STREET ADDRESS 910 S.E. 17TH STREET CITY-ST-ZIP Ft. Lauderdale, FL 33316 CITY-ST-ZIP FT LAUDERDALE FL 33316 X Addition Change ☐ Delete TITLE TITI F Farrell, James B. NAME NAME %Atlantia Holdings, 910 SE 17th St., #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ft. Lauderdale, FL 33316 CITY-ST-7IP ☐ Addition ☐ Change Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME 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

changed, or on an attachment with an acousts, with all other like empowered. SIGNATURE: SIGNING OFFICER OR DIRECTOR Daytime Phone #