

2/25/02

FILED**Apr 03, 2002 8:00 am**
Secretary of State

02-25-2002 90072 034 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000018140**1. Entity Name
ATLANTIC I LEASING, INC.Principal Place of Business
**4799 N.E. 11TH AVENUE
FORT LAUDERDALE FL 33334**Mailing Address
**4799 N.E. 11TH AVENUE
FORT LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1087744

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUTHERFORD, DAVID
624 N.W. 22ND STREET
FORT LAUDERDALE FL 33311**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing -
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **RD** ☐ Delete
NAME **FRANK, ROBERT**
STREET ADDRESS **P.O. BOX 2856**
CITY-ST-ZIP **POMPANO BEACH FL 33072**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **LONG, PHILIP**
STREET ADDRESS **1700 E. OLAS OLAS PH #2**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **VAN BLOIS, JOHN**
STREET ADDRESS **520 N.E. 14TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **REVUELTA, LUIS O**
STREET ADDRESS **2560 S.W. 27TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33133**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **~~Dr. Bill Ludwick~~** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **Dr. Bill Ludwick**
STREET ADDRESS **4880 N.W. 98th Way**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **CARLY HONCHEN**
STREET ADDRESS **1585 S. CONGRESS AVE**
CITY-ST-ZIP **Delray Beach, FL 33440**

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 address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

Date

(954) 444-4777

Daytime Phone #

CR2E034 (9/01)