

2003 FOR PROFIT CORPORATION, UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P01000054685

1. Entity Name.
PEARL'S ATLANTIC, INC.



FILED

03 OCT 13 PH 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

Principal Place of Business
1033 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33334

Mailing Address
1033 EAST OAKLAND PARK BLVD.
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 01-0550905

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

HERMAN, ALISON P
2800 PONCE DE LEON BOULEVARD
SUITE 1125
CORAL GABLES FL 33134

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 *Alison P. Herman* 10/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PERLMUTTER, ROSALIND
STREET ADDRESS 1033 EAST OAKLAND PARK BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE
NAME
STREET ADDRESS 600023418106
CITY-ST-ZIP 09/30/03--01022--020 **750.00

TITLE KANE, William
NAME SECTY.
STREET ADDRESS 1033 E. OAKLAND PK. BLVD
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

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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 like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/03 954-567-9678

Date Daytime Phone #

CR2E034 (4/03)