FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 18, 2003 8:00 am
Secretary of State
07-17-2003 90036 020 ***150.00
08-18-2003 90163 024 ***400.00

DOCUMENT # P01000058936

1. Entity Name

ATLANTIC ALL PRODUCTS Inc

DO NOT WRITE IN THIS SPACE

90150877

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2. Principal Place of Business	3. Mailing Address
2758, W. atlantic blvd	2731 N. andrews Ave.
Suite, Apt. #, etc.: 31	Suite, Apt. #, etc.: F-1
City & State: Pompano beach, FL	City & State: Wiltonmanors, FL
Zip: 33069 Country: U.S.A	Zip: 33311 Country: U.S.A

4. FEI Number: 65-1126258 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SRIDHAR KAKANI

Street Address (P.O. Box Number is Not Acceptable): 2731, N. andrews Ave, F-1

City: Wiltonmanors FL Zip Code: 33311

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1st - May 1st Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
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	President.
NAME	SRIDHAR KAKANI
STREET ADDRESS	2731, N. Andrews Ave, F-1
CITY-ST-ZIP	Wiltonmanors, FL-33311
TITLE	Vice President
NAME	SRIDHAR KAKANI
STREET ADDRESS	2731, N. Andrews Ave, F-1
CITY-ST-ZIP	Wiltonmanors, FL-33311
TITLE	Secretary.
NAME	SRIDHAR KAKANI
STREET ADDRESS	2731, N. Andrews, Ave, F-1
CITY-ST-ZIP	Wiltonmanors, FL-33311
TITLE	Director.
NAME	SRIDHAR KAKANI
STREET ADDRESS	2731, N. Andrews, Ave, F-1
CITY-ST-ZIP	Wiltonmanors, FL-33311
TITLE	
NAME	
STREET ADDRESS	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: K. Sridhar Prasad 07/14/03 (754)235-2409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #