

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90336 027 ***150.00

DOCUMENT # P01000062074

1. Entity Name

ATLANTIC PROPERTIES, INC.



Principal Place of Business

201 ALHAMBRA CIR., STE. 701
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIR., STE. 701
CORAL GABLES FL 33134

14014874



MOORE

CR2E034 (11/03)

2. Principal Place of Business

900 S.W. 2 Ave

Suite, Apt. #, etc.

3. Mailing Address

900 SW 2 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

80-0074894

Applied For

Not Applicable

Zip

Country

USA

Zip

33130

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, MICHAEL S ESQ
201 ALHAMBRA CIR., STE. 701
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Paul M. Cowan, Esq.

Street Address (P.O. Box Number is Not Acceptable)

900 SW 2 Avenue

City

Miami

FL

Zip Code

33130

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: 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 DPST ☒ Delete
NAME TONEY, DAVID
STREET ADDRESS 1890 NW 179TH ST.
CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME Carolyn Watson
STREET ADDRESS 1890 NW 179 St.
CITY-ST-ZIP Opa-locka, FL

TITLE Secretary ☐ Change ☒ Addition
NAME Paul M. Cowan, Esq.
STREET ADDRESS 900 SW 2 Avenue
CITY-ST-ZIP Miami, FL 33130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Cowan, Esq.

Date

4/29/04

Daytime Phone #

305-856-8440