

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000076142**

1. Entity Name
ATLANTA 620 #4 CORP.



**FILED
Feb 03, 2003 8:00 am
Secretary of State**

02-03-2003 90074 023 ***150.00

Principal Place of Business
**3015 S OCEAN BLVD 9D
HIGHLAND BCH FL 33487**

Mailing Address
**3015 S OCEAN BLVD 9D
HIGHLAND BCH FL 33487**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

6. Name and Address of Current Registered Agent

**KARCIENELL, BERNARD
3015 S OCEAN BLVD 9D
HIGHLAND BCH FL 33487**

4. FEI Number **65-1126986** **Applied For**
Not Applicable

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

7. Name and Address of New Registered Agent

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 _____

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REITMAN, HAROLD PO BOX 16328 PLANTATION FL 33318-6328	<input type="checkbox"/> Delete	2. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	4. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARILEE REITMAN PO BOX 16328 PLANTATION FL 33318	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	6. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	8. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MARILEE REITMAN*

1-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)