2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED
Mar 21, 2003 8:00 am

DOCUMENT # P0100088662 1. Entity Name ATLAS MANAGEMENT GROUP, INC.								03-21-2003 90108 029 ***150.00					
Principal Place of Business 1007 N FEDERAL HWY. #75 FT. LAUDERDALE FL 33304			Mailing Address 1007 N FEDERAL HWY. #75 FT. LAUDERDALE FL 33304										
2. Principal P	Place of Busin	ness	3. Mailing Address									100 100 105	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	te	د المهدم جوزاتر ال		City & State			DE 44984EN L			oplied For ot Applicable	_		
Zip	Country		Zip	Zip		Country			5. Certificate of Status Desired S8.75 ,Additional Fee Required				
6. Name and Address of Current Registered Agent								7. N	ame and Address of New F	Registered A	gent]
GREEN, KAYLON 1007 N FEDERAL HWY. #75						Name Street Ad	ddress (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE FL 33304						67					1 7 0 1		
		•				City				FL	Zip Cod	e	
the obligat SIGNATURE	tions of regist	tered agent.				d Agent signature	_		nt, or both, in the State of Flo	DATE	amiliar with,	and accept	
Afte	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department (f State			9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution.						
10.	•	OFFICERS AND	DIRECTO	DRS	11.			ADI	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AYLON EDERAL HWY. #75 ERDALE FL 33304		☐ Delete							☐ Change	☐ Addition	(00/07/100
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAMI STRE CITY		∓نہ ∸	معتصر م	پر معالی است از در معانی ساید استان از در استان استان از در استان از در استان استا		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE						☐ Change	☐ 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 trusted 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Jarch 18 2003

Change

Addition