

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-19-2002 90081 024 ***150.00

DOCUMENT # P01000104936

1. Entity Name

ATLANTIC MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

~~511 SW 62ND WAY~~
~~MARGATE FL 33068~~
~~511 SW 62ND WAY~~
~~MARGATE FL 33068~~

137 EAST WOODBRIGHT RD STE 103
 BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

#103
 137 EAST WOODBRIGHT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach

Zip

Country

Zip

Country

FL 33435 WPB

4. FEI Number

65-1149326

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AHRENDTS, JEAN-HIGOR

511 SW 62ND WAY 23 Bethesda PK CIRCLE
~~MARGATE FL 33068~~ Boynton Beach FL 33435

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

1/28/02

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
 JEAN-HIGOR Ahrendts
 DIRECTOR/OWNER
 23 Bethesda PK CIRCLE
 Boynton Beach FL 33435

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] JEAN-HIGOR Ahrendts 1/28/02 (541) 737-3336

Typed or printed name of signing officer or director

Date

Telephone

CR2E034 (9/01)