

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90061 034 ***158.75

DOCUMENT # **PO1000118625** ✓
1. Entity Name
ATLANTIS FINANCIAL CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21373 Town Lakes Dr. Suite, Apt. #, etc. Apt. 15-18 City & State Boca Raton, FL Zip 33486 Country USA		3. Mailing Address 21373 Town Lakes Dr. Suite, Apt. #, etc. -15-18 City & State Boca Raton, FL Zip 33486 Country US	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3036719	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MARIE JORCZAK	
Street Address (P.O. Box Number is Not Acceptable) 8108 SW 103rd Ave	
City MIAMI	Zip Code FL 33173

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director Vincent Mitchell 21373 Town Lakes Dr. Apt. 15-18 Boca Raton, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Vincent Mitchell** **4/20/02 (561) 393-5671**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #