

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000069177

1. Entity Name
ATLANTIC FISHERIES INDUSTRIES, INC.



Principal Place of Business
6538 COLLINS AVENUE #377
MIAMI BEACH FL 33141

Mailing Address
6538 COLLINS AVENUE #377
MIAMI BEACH FL 33141

55047689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0089424

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

6538 Collins Ave #377
City Miami Beach FL Zip Code 33141

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

(Philip Klok) January 30th 2003

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

TITLE P
NAME DICKERT, CHARLES G DR.
STREET ADDRESS 6538 COLLINS AVENUE #377
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME LAMONA, LARRY
STREET ADDRESS 6538 COLLINS AVENUE #377
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME ANTON, JAMES
STREET ADDRESS 6538 COLLINS AVENUE #377
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME CORDOSA, MARTIUS
STREET ADDRESS 6538 COLLINS AVENUE #377
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KLOKE, PHILIPP
STREET ADDRESS 6538 COLLINS AVENUE #377
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)