

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29438

1. Entity Name  
FIRST ATLANTIC RESOURCES CORPORATION

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90024 049 \*\*\*158.75

Principal Place of Business  
900 N FEDERAL HIGHWAY  
280  
BOCA RATON FL 33432  
US

Mailing Address  
900 N FEDERAL HWY  
280  
BOCA RATON FL 33432  
US



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                  |  |                                                                    |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|--------------------------------------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number 65-0189667         |  | Applied For                                                        |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |                                  |  | Not Applicable                                                     |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired |  | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Zip                            | Country | Zip                 | Country |                                  |  |                                                                    |

|                                                                            |  |                                                                                |  |
|----------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                            |  | 7. Name and Address of New Registered Agent                                    |  |
| GREENE, RICHARD P.<br>2455 E SUNRISE BLVD, #905<br>FT. LAUDERDALE FL 33304 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (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"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |                                                                                                            | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVS<br>LUKAWSKI, GEORGE P.<br>1255 NW 112TH TERR<br>CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>LUKAWSKI, GEORGE P.<br>1255 NW 112TH TERR<br>CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: George P. Lukawski GEORGE P. LUKAWSKI 4/23/02 (516) 416-2560  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)