

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90383 002 \*\*\*150.00

**DOCUMENT # P93000035194**

1. Entity Name  
**ATLAS EQUITY GROUP, INC.**



Principal Place of Business <b>1221 BRICKELL AV. SUITE 900 MIAMI FL 33131 US</b>	Mailing Address <b>1221 BRICKELL AV. SUITE 900 MIAMI FL 33131 US</b>
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2. Principal Place of Business <b>1680 Michigan Avenue</b>	3. Mailing Address <b>1680 Michigan Avenue</b>
Suite, Apt. #, etc. <b>Suite 1000</b>	Suite, Apt. #, etc. <b>Suite 1000</b>

City & State <b>Miami Beach, FL</b>	City & State <b>Miami Beach, FL</b>
Zip <b>33139</b>	Zip <b>33139</b>
Country <b>USA</b>	Country <b>USA</b>



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0414277</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD.  
SUITE 211  
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>FARKAS, MICHAEL D</b>	
STREET ADDRESS <b>1221 BRICKELL AVE, SUITE 900</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>KALIMI, JAMEE M</b>	
STREET ADDRESS <b>3314 OAK DRIVE</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>1680 Michigan Avenue, Suite 1000</b>	
CITY-ST-ZIP <b>Miami Beach, FL 33139</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>1680 Michigan Avenue, Suite 1000</b>	
CITY-ST-ZIP <b>Miami Beach, FL 33139</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

**SIGNATURE:** Michael D. Farkas **SIGNATURE REQUIRED** Michael D. Farkas President 3/13/03 305-539-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)