

4/14/1'

FILED
Jul 05, 2000 8:00 am
Secretary of State

04-17-2000 90081 015 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P93000037733

1. Entity Name
ATLANTIS 2000 GROUP, INC.

Principal Place of Business Mailing Address

420 S. HIBISCUS DRIVE **420 S. HIBISCUS DRIVE**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139 5136**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
239 NIGHTINGALE AVENUE **239 NIGHTINGALE AVENUE**

City & State City & State
FORT PIERCE, FL **FORT PIERCE, FL**

Zip Country Zip Country
34982 **US** **34982** **US**



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

AXELROD, ALAN
C/O RUBI BAUM LEVIN
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Jack B Gerber, P.A.**

Street Address (P.O. Box Number is Not Accepted) **7100 S. Dadeland Blvd #115**

City **Miami, Fla 33156 FL** Zip Code **33156**

9. 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 **By: Jack B Gerber, Pres** DATE **6/2**

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

10. 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, 2000 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 D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VARSAO, STEVEN M		NAME	
STREET ADDRESS 420 S. HIBISCUS DRIVE		STREET ADDRESS 239 NIGHTINGALE AVENUE	
CITY-ST-ZIP MIAMI BEACH FL		CITY-ST-ZIP FORT PIERCE, FL 34982	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** Date: **6/20/00** Daytime Phone #: **305-672-0888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR