

05-29-2002 90740 008 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000037733**
 1. Entity Name
Atlantis 2000 Group, INC. ✓

673343

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
239 Nightingale Ave
 Suite, Apt. #, etc.

3. Mailing Address
239 Nightingale Ave.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Pierce Fla.

City & State
Ft. Pierce Fla

4. FEI Number
65-0431924

Applied For
 Not Applicable

Zip
34982

Country
USA

Zip
34982

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **Jack Gerber, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
Dadeland Towers South PH-5
9400 South Dadeland Blvd
 City **Miami FL** Zip Code **33156**

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)

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME **Pres. Steven Varsano**
 STREET ADDRESS **239 Nightingale Ave**
 CITY-ST-ZIP **Ft. Pierce Fla 34982**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 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)(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 information.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/02
 Date

(305) 672-0088
 (977) 414-1995
 Daytime Phone #

CR2E034B (12/01)