2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051255

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90001 022 ***158.75

1. Entity Name

ATLANTIC RADIATOR, INC.

Principal Place of Business	Mailing Address
4208 NE 5 AVE OAKLAND PARK FL 33334 US	4208 NE 5 AVE OAKLAND PARK FL 33334-3135 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4286 N.E. 7TH AVE	4286 N.E. 7TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT.LAUD FL	City & State: FT.LAUD FL
Zip: 33334 Country: BROWARD	Zip: 33334 Country: BROWARD

4. FEI Number: 65-0431285 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STAROPOLI, NICHOLAS 4208 NE 5 AVE OAKLAND PARK FL 33334	Name: TODD A FAUSETT Street Address (P.O. Box Numbers Not Acceptable): 4286 N.E. 7TH AVE City: FT.LAUD FL 33304 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD STAROPOLI, NICHOLAS 178 NW 74 AVE PLANTATION FL 33137 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD FAUSETT, TODD A 449 NW 40 CT. FT. LAUDERDALE FL 33309 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-D FAUSETT, TODD A ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4286 N.E. 7TH AVE FT.LAUD FL 33334 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: TODD A FAUSETT 5-11-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #