

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011041

1. Entity Name

ATLANTIC RESTORATION, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90184 029 ***150.00

Principal Place of Business

101 N.W. 5TH AVE
FT. LAUDERDALE FL 33311

Mailing Address

23840 MORITZ
OAK PARK FL 48237

2. Principal Place of Business

1230 SW 29 TERR.
Suite, Apt. #, etc.

3. Mailing Address

1230 SW 29 TERR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUD. FL.

City & State

FT. LAUD. FL.

4. FEI Number

65-0474809

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA.

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

KODSY, ESTHER
23840 MORITZ
OAK PARK FL 48237

Name

SHERIF KODSY

Street Address (P.O. Box Number is Not Acceptable)

1230 SW 29 TERRACE

City

FT. LAUD. FL.

FL

Zip Code

33312

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

Sherif Kody

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/2001

DATE

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	KODSY, ESTHER	
STREET ADDRESS	23840 MORITZ	
CITY-ST-ZIP	OAK PARK FL 48237	
TITLE	V	<input type="checkbox"/> Delete
NAME	KODSY, SHERIF	
STREET ADDRESS	714 N.W. 12 AVE.	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kodsy, Sherif	
STREET ADDRESS	1230 SW 29 TERRACE	
CITY-ST-ZIP	FT. LAUD. FL. 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherif Kody SHERIF KODSY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2001

DATE

(954) 583-3411

Daytime Phone #

CR2E034 (10/00)