2000 UNIFORM BUSINESS REPORT (UBR)

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	MENT # P94000 0)30557		- 1		
1. Entity Name					FILED	
ATLANTIS PLASTICS, INC.						
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Principal Place of Business Mailing Address						-
2665 S. BAYSHORE DR.		2665 S. BAYSHORE DR.		1	SECRETARY OF STAT TALLAHASSEE, FLORIC	E.
Suite 800 Miami Fl 33131		SUITE 800 MIAMI FL 33133-5401			, ALEANASSEE, FLURIDA	
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2. Principal Place of Business		3. Mailing Address			7 - Yahinda ita ikin didi bahi dikin dikin dikin bilik dikin	
Suite Act # etc		Cuite Act # ato				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	SPACE
City & State		City & State		4	I. FEI Number 06-1088270	Applied For
		Zip Country				Not Applicable \$8.75 Additional
Zip	Country	210	Country	5		Fee Required
	6. Name and Address of Current	Registered Agent		7.	. Name and Address of New Registered A	Agent
			Name	Name maria C. Calleias		
KLEIN, PETER W 2665 SOUTH BAYSHOE DRIVE			Street A	Street Address (P.O. Box Number is Not Acceptable)		
	E 800					
MIAMI FL 33133			City	City Zip Code		
					FL	•]
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or	registered	agent, or both, in the State of Florida.	
	mais CC	elly as			1/6/0	TO .
SIGNATURE _	Signature, typed or printed name of registered agent	and title papplicable (NOTE	. Registered Agent signat	ire required whe	en reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00						
9. This corpo	ration is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$150.	00	10 Floation Compaign Figureing	ΦΕ ΩΩ s
Tax filing re	equirement and elects to do so.	After MAY 1, 200	00 Fee will be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
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indicated on this report or supplemental report is true and accurate and interior signature shall have the same legal effect as if made under oath, that rain a finite of of the corporation or the receiver or trustee employeded 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 of the all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00 305/858-2200