

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035650

1. Entity Name

ATLANTIC SCIENTIFIC DEVELOPMENT, INC.

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90328 003 ***150.00

Principal Place of Business

ATLANTIC SCIENTIFIC DEVELOPMENT INC
4320 NE 25 AVE
FT. LAUDERDALE FL 33308
US

Mailing Address

ATLANTIC SCIENTIFIC DEVELOPMENT, INC
4320 NE 25 AVE
FT. LAUDERDALE FL 33308
US

00000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PMB 46

3. Mailing Address

PMB 46

Suite, Apt. #, etc.

1511 E. COMMERCIAL BLVD.

Suite, Apt. #, etc.

1511 E. COMMERCIAL BLVD.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33334

Country

USA

Zip

33334

Country

USA

4. FEI Number 65-0492778

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

REYNOLDS, DOUGLAS
4875 N. FEDERAL HIGHWAY
TENTH FLOOR
FT. LAUDERDALE FL 33308

Name

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

City

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

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

(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) ☒

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 PD ☐ Delete
NAME ANDREOTTI, PETER
STREET ADDRESS 4320 NE 25TH AVE
CITY-ST-ZIP FT. LAUDERDALE-FL

CHANGE ADDRESS →

TITLE PD ☐ Change ☐ Addition
NAME ANDREOTTI, PETER
STREET ADDRESS PMB 46
CITY-ST-ZIP 1511 E. COMMERCIAL BLVD

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP FORT LAUDERDALE, FL
33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER ANDREOTTI

Date

Daytime Phone #

2/24/01 954-298-7345

CR2E034 (10/00)