

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90118 033 ***150.00

DOCUMENT # P94000038661

1. Entity Name
ATLAS OPERATIONS, INC.



Principal Place of Business
**6555 NW 9TH AVE
109
FORT LAUDERDALE FL 33309**

Mailing Address
**6555 NW 9TH AVE
109
FORT LAUDERDALE FL 33309**

2. Principal Place of Business
325 S.W. 15 Avenue

3. Mailing Address
325 S.W. 15 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach, FL.

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Pompano Beach, FL.

4. FEI Number **65-0493451**

Applied For
☐ Not Applicable

Zip **33069** Country **USA**

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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

**BARNI, GUSTAVO
6555 NW 9TH AVE
STE 109
FORT LAUDERDALE FL 33309**

Name **BARNI, GUSTAVO**
Street Address (P.O. Box Number is Not Acceptable)
325 S.W. 15 Avenue
City **Pompano Beach FL** Zip Code **33069**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X [Signature]**
Signature typed or printed name of registered agent and title if applicable.

Gustavo Barni

4-10-03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BARNI, GUSTAVO**
STREET ADDRESS **11157 N.W. 68 PLACE**
CITY-ST-ZIP **PARKLAND FL 33076**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **BARNI, MELANI**
STREET ADDRESS **11157 N.W. 68 PLACE**
CITY-ST-ZIP **PARKLAND FL 33076**

TITLE **T/S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **LORN LEITMAN**
STREET ADDRESS **791 CRADON BLVD. #907**
CITY-ST-ZIP **Key Biscayne, FL. 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X [Signature]** **REQUIRED** **Gustavo Barni** **4-10-03** **954-788-1200**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)