2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000050068



Apr 25, 2003 8:00 am \$ Secretary of State >

1. Entity Nam		RP.							0	4-25-200	3 90290	028 ***150	.00	
Principal Place of Business C/O ATLANTIA HOLDINGS 645 E DANIA BEACH BLVD DANIA BEACH FL 33004				Mailing Address C/O ATLANTIA HOLDINGS 645 E DANIA BEACH BLVD DANIA BEACH FL 33004										
2. Principal P	Place of Busir	ness	3. Mailing Address					()##()##((()	18151 019 11 09 11	88+) 88 81	itul Bilil Amile ustil	(8 (181		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State				City & State				4. FE	l Number 6	5-05016	46		oplied For ot Applicable	
Zip	Country				Countr	у	5. Certificate of Status Desired \$8.75 Additional Fee Required							
	6. Name	and Address of Current	Registere	d Agent				7. Na	me and Add	ess of Nev	Registere	d Agent		
							Name							
BLACKBURN, ACE J JR COONEY, MATTSON, LANCE, BLACKBURN,							Street Address (P.O. Box Number is Not Acceptable)							
2312 WIL	•	, DANCE, BEACKBORN,	, MOHA	יטי	ļ									
	UDERDALE	EI 2220E												
PUNI DA	UDERDALE	FL 33303		City							F	Zip Cod	e	
8. The above the obligat	named entity ions of regist	y submits this statement for ered agent.	the purp	ose of changing its	registered	d office or	registere	ed agen	t, or both, in t	he State of	Florida. I a	m familiar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent a	ind title if appl	icable. (NOTE	; Registered /	Agent signati	re required v	when reins	tating)		DATE			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										Campaign nd Contribu	-		00 May Be d to Fees	
10.	<u></u> مرف	OFFICERS AND	DIRECTO	RS	11.			ADDI	TIONS/CHA	NGES TO O	FFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	645 E DA	IRN, A. JR NIA BEACH BLVD EACH FL 33004		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	-	lackbu	rn Jr., A oldings, 645	i		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NIA BEACH BLVD		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	VSD %Atlat	ntia Ho	oldings, 64:	5 E. Dania	Beach Bl	⊠. Change ∨d.	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Wagner</i> , 645 e dai	J VIA BEACH BLVD ACH FL 33004		☐ Delete	TITLE	ADDRESS	%Atlan	itia Ho	ldings, 645	E. Dania	Beach Blv	☑ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORFIDIS 645 E DAI			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	%Atlar	ntia He	oldings, 64	E. Dania	Beach Bl	₩ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Correction 1 to San	33301		☐ Delete	TITLE NAME	ADDRESS						☐ Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET	ADDRESS				41° -		Change	☐ Addition	

12. I hereby certify that the information supplied with his filling 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 port 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 of true 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 labeless, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-71P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.14.03

Date Daytime Phone #