

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P94000090963**

1. Entity Name

ATLANTIC EQUITY CORPORATION

Principal Place of Business

**5055 COLLINS AVE
APT 3-D
MIAMI BEACH FL 33140**

Mailing Address

**5055 COLLINS AVE
APT 3-D
MIAMI BEACH FL 33140-2708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0555288**

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

**HABER, ARNOLD
5055 COLLINS AVE SUITE 3D
MIAMI BEACH FL 33140**

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Add
DS	HABER, ESTELLE	5055 COLLINS AVE	MIAMI BEACH FL	☐ Delete					☐ Change	☐ Add
DP	HABER, ARNOLD	5055 COLLINS AVE.	MIAMI BEACH FL	☐ Delete					☐ Change	☐ Add
				☐ Delete					☐ Change	☐ Add
				☐ Delete					☐ Change	☐ Add
				☐ Delete					☐ Change	☐ Add
				☐ Delete					☐ Change	☐ Add
				☐ Delete					☐ Change	☐ Add

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 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

Date

Daytime Phone #