2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000002830**

1. Entity Name

SIGNATURE:

ATLANTIC LAND HOLDING, INC.

Mailing Address Principal Place of Business 1414 N.W. 107TH AVE. 1414 N.W. 107TH AVE. 4TH FLOOR 4TH FLOOR MIAMI FL 33172-2743 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address

FILED May 10, 2000 8:00 am Secretary of State

05-10-2000 90117 042 ***150.00



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	El Number	65-0580012	 ;		pplied For	
Zip	Country		Zip - Coun		itry	~5. *C	Certificaté of	Status Desired [8.75 Ad ee Require	ot Applicable Iditional ed	
	6. Name	and Address of Current I	Registered Agent	gistered Agent			7. Name and Address of New Registered Agent					
					Name				-			
BRODIE, SIDNEY Z 7270 NW 12TH STREET PH-1 MIAMI FL 33126					Street Address (P.O. Box Number is Not Acceptable)							
					City FL Zip Code							
OLONIATUDE			the purpose of changing it					in the State of Florida				
	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature	required when re	instating)		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 After MAY 1, 2000 Fee Make Check Payable to I						0.00 of State	Trust I	on Campaign Financ Fund Contribution.		Adde	00 May Be ed to Fees	
11.	<u> </u>	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CH	ANGES TO OFFICE	RS AND	DIRECTOR		
TITLE NAME STREET ADDRESS	1414 N.V	ERARDO D V. 107TH AVE., 4TH FLO	□ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL VP CAPO, JI 1414 N.V MIAMI FL	ULIO V. 107TH AVE., 4TH FLO	□ Delete	TITL NAM STR	E			معيد - جه ر		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			_				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				<u> </u>			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that th	e information supplied with	□ Delete	cin	ME EET ADDRESS Y-ST-ZIP	d in Section	119.07(3)(i).	Florida Statutes. I fur	ther cert	Change	information	
indicatéd	on this rend	rt or supplemental reportes	true and accurate and that bwered to execute this repo	mv signa	ature shall ha	ve the same	legal effect a	is if made under oath	ı; that I a	m an office	er or director	

SIGNING OFFICER OR DIRECTOR