2002 Uniform Business Report (UBR)

2002 Uniform Business Report (UBR)				FILED
DOCUMENT # P95000061202 1. Entity Name ATLANTIC FILMS, INC.				Apr 01, 2002 8:00 am Secretary of State 04-01-2002 90644 050 ***150.00
Principal Place of Business 5331 NORTH EAST 17TH TERRACE FORT LAUDERDALE FL 33334		Mailing Address 5331 NORTH EAST 17TH TERRACE FORT LAUDERDALE FL 33334		
2. Principal Place of Business		3. Mailing Address		T TREATER THE TOTAL BUILD BEING BOTTL BOTTL BOTTL BOTTL BOTTL BOTTL THE TREAT BOTTLE THE TREAT BOTTLE THE TREAT
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City & S		City & State		4. FEI Number 65-0602559 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
FUTO, ANDY			Name Street Addre	ess (P.O. Box Number is Not Acceptable)
5331 NORTH EAST 17TH TERRACE FORT LAUDERDALE FL 33334				
			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	0075	:: Registered Agent signature red	equired when reinstating) DATE
Tax filing	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After May 1, 200	!! FEE IS \$150.00 02 Fee will be \$550.0	.00 10. Election Campaign Financing \$5.00 May Be
11.	on back) OFFICERS AND DIF		le to Department of	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	D FUTO, ANDY 5331 NORTH EAST 17TH TERRACE FORT LAUDERDALE FL 33334	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
TITLE	FURI LAUDERDALE FL 33334	Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
indicated of the cor	on this report or supplemental report is tru	e and accurate and that m red to execute this report a	ny signature shall have t	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director of 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

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SIGNA DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR