

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014157

1. Entity Name

ATLAS MORTGAGE CORPORATION

Principal Place of Business

300 S. PINE ISLAND RD.
SUITE 258
PLANTATION FL 33324

Mailing Address

300 S. PINE ISLAND RD.
SUITE 258
PLANTATION FL 33326-3225

2. Principal Place of Business

1525 N. PARK DR.

Suite, Apt. #, etc.

Suite 102

City & State

Weston, FL

Zip

33326

Country

USA

3. Mailing Address

1525 N. PARK DR

Suite, Apt. #, etc.

Suite 102

City & State

Weston, FL

Zip

33326

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0641985

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLAK, BRYAN L
S. PINE ISLAND
SUITE 258
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name POLLAK, BRYAN L

Street Address (P.O. Box Number is Not Acceptable)

1525 N. PARK DR

Suite 102

City

Weston FL

FL

Zip Code

33326

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

TITLE PSD
NAME POLLAK, BRYAN LAWRENCE
STREET ADDRESS 1080 CREEKFORD DR
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE D
NAME SMITH, CARLEY JOANNE
STREET ADDRESS 1084 CREEKFORD DR
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 if 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 #

FILED
Sep 06, 2000 8:00 am
Secretary of State

07-07-2000 90394 033 ***150.00

09-06-2000 90087 047 ***400.00

4-28-2000 954-389-4191