

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90037 040 ***150.00

DOCUMENT # P96000099685

1. Entity Name
ATLANTIC CRANE, INC.



Principal Place of Business

Mailing Address

1700 NE 57TH STREET
FORT LAUDERDALE, FL 33334

1700 NE 57TH STREET
FORT LAUDERDALE, FL 33334

54065011



DO NOT WRITE IN THIS SPACE

07212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0713854

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IUEN, TAMIYRA
1700 NE 57TH STREET
FORT LAUDERDALE, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME IUEN, TAMIYRA
STREET ADDRESS 1700 NE 57TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE VP
NAME IUEN, MARC F
STREET ADDRESS 1700 NE 59TH ST.
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tamiyra Iuen* Tamiyra Iuen, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-04
Date

954-938-8541
Daytime Phone #

Attachment

5405011
#P960009985

To Whom It May Concern;

I am sending a check in the amount of \$150.00, and asking you to waive the \$400.00 late fee. I did not receive the original UBR in the mail. I await your decision.

Thank You

Tamiya Iuen

Tamiya Iuen, President
Atlantic Crane, Inc.