

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013864

1. Entity Name

OH ATLANTIS CORPORATION

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90006 016 ***550.00

Principal Place of Business

18 ISLA BAHIA DR
FORT LAUDERDALE FL 33316

Mailing Address

11444 WEST OLYMPIC BOULEVARD
FIFTH FLOOR
LOS ANGELES CA 90064
US

2. Principal Place of Business

18 ISLA BAHIA DRIVE

3. Mailing Address

11444 Olympic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Los Angeles, CA

Zip

Florida

Country

USA

Zip

90064

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3264964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

CT Corporation System -

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

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PCEO ☐ Delete
NAME BROWN, EDWARD G
STREET ADDRESS 11444 WEST OLYMPIC BOULEVARD, 5TH FLOOR
CITY-ST-ZIP LOS ANGELES CA 90064

TITLE SCFO ☐ Delete
NAME RUBINSTEIN, RUBEN S
STREET ADDRESS 11444 WEST OLYMPIC BOULEVARD, 5TH FLOOR
CITY-ST-ZIP LOS ANGELES CA 90064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBEN S. RUBINSTEIN, CPA

Date

8/10/00

910/966-1001

Daytime Phone #

CR2E034 (5/00)