## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 19, 2001 8:00 am Secretary of State DOCUMENT# P9700001386 04-19-2001 90087 037 \*\*\*558.75 Oh Atlantis Corporation Principal Place of Business Mailing Address 18 Isla Bahia 11444 Olympic Blvd., 5th Flr Fort Lauderdale, Florida Los Angeles, California 33316 90064 3. Mailing Address 11444 Olympic Bl., 5th Flr. 2. Principal Place of Business 18 Isla Bahia Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-3264964 Fort Lauderdale, Fl <u>Los Angeles, CA</u> Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired\_ Fee Required 33316 90064 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road Plantation, FL 33324 Zip Code City 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 . DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEOs& President Change ☐ Addition TITI F TITLE Sales ☐ Delete Edward G. Brown NAME NAME STREET ADDRESS STREET ADDRESS 11444 Olympic Bl., 5th Flr. CITY-ST-ZIP CITY-ST-ZIP LA, CA 90064 -TITLE ☐ Addition ☐ Change Delete --TITLE -CFO & Secretary NAME Ruben S. Rubinstein STREET ADDRESS STREET ADDRESS 11444 Olympic B1., 5th Flr. CITY-ST-ZIP CITY-ST-ZIP LA, CA 90064 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 supplied with this mining does not qualify in the exemplion stated in deciding 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 others ke empowered. SIGNATURE: CFO & Secretary 4/10/01 Date OF SIGNING OFFICER OR DIRECTOR