2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90255 018 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000016902

1. Entity Name
ATLANTIC TRADING PARTNERS, INC.

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD., #221 NO. MIAMI FL 33181	12000 BISCAYNE BLVD., #221 NO. MIAMI FL 33181-2720

CHANG OF ADDRESS BELOW!

2. Principal Place of Business	3. Mailing Address
225 N.E. MIZNER BLVD	225 N.E. MIZNER BLVD
Suite, Apt. #, etc. SUITE 523	Suite, Apt. #, etc. SUITE 523
City & State BOCA RATON FL	City & State BOCA RATON, FL
Zip 33432 Country PALM BEACH	Zip 33432 Country PALM BEACH

4. FEI Number 65-0742581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YAGMAN, WAYNE
C/O ATLANTIC TRADING PARTNERS, INC.
12000 BISCAYNE BLVD., #221
NO. MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

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

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] PRESIDENT 4/17/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAGMAN, WAYNE 12000 BISCAYNE BLVD., #221 NO. MIAMI FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WAYNE YAGMAN 225 N.E. MIZNER BLVD SUITE 523 BOCA RATON, FL 33432 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] WAYNE YAGMAN 4/17/00 561-672-4853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #