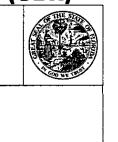
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P97000016902 **DOCUMENT #**

1. Entity Name

ATLANTIC TRADING PARTNERS, INC.

SIGNATURE:



## **FILED** Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90088 008 \*\*\*150.00

Principal Place of Business 225 NE MIZNER BLVD SUITE 523 BOCA RATON FL 33432			Mailing Address 225 NE MIZNER BLVD SUITE 523 BOCA RATON FL 33432							
2. Principal P	lace of Busine	3. Mailing Address						<u> </u>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK: HERE IF MAKING CHANGES			
City & Stat	te	City & State				4. 1	65-0742581	Applied For Not Applicable		
Zip		Country	Zip Cou		Coun	ntry	5. (	Certificate of Status Desired   \$8.75 Fee Re	Additional quired	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
2						Name ,				
~Yagman, C/O atla	wayne NTIC Tradin	Street			Street Ad	reet Address (P.O. Box Number is Not Acceptable)				
•	IZER BLVD S									
	TON FL 3343			City			FL Zip	Code		
	named entity : tions of register		the purpos	e of changing its r	egister	ed office or i	egistered ag	gent, or both, in the State of Florida. I am familiar	with, and accept	
SIGNATURE .	Signature, typed or	printed name of registered agent a	and title if applica	able. (NOTE:	Registere	d Agent signatur	e required when re	reinstating) DATE		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State						65.00 May Be dded to Fees	
10.		OFFICERS AND	DIRECTORS	3	11.		AC	DDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		/ayne Ner Blvd., Suite 52 On Fl 33432	3	☐ Delete		1		` Cha	inge Addition (	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·«· _		☐ Delete			\$ T	□ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1		☐ Cha	nge 🗌 Addition	
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12. I hereby of indicated of the corchanged,	certify that the i on this report poration or the or on an attac	nformation supplied with or supplemental report is receive or trustee empo hment with an address, v	this filing do true and ac wered to ex with all other	pes not qualify for a curate and that my ecute this report a like empowered.	the exe y signa s requi	mption state ture shall ha red by Chap	d in Section ve the same ter 607, Flori	119.07(3)(i), Florida Statutes. I further certify that legal effect as if made under oath; that I am an oida Statutes; and that my name appears in Block	the information ficer or director. 10 or Block 11 if	