

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90048 036 \*\*\*150.00

**DOCUMENT # P97000016983**

1. Entity Name

**ATLAS PURCHASING, INC.**

**C0076415**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
407 NW 10 TERR  
HALLANDALE FL 33009

Mailing Address  
407 NW 10 TERR  
HALLANDALE FL 33082-4033  
P.O. Box 824033  
So. Florida, FL. 33082

2. Principal Place of Business  
P.O. Box 824033

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
S.F. FL.

City & State  
S.F. FL.

Zip  
33082-4233

Country  
U.S.A.

Zip  
33082-4233

Country  
U.S.A.

4. FEI Number  
65-0730824

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
RAYNER, GEORGE M  
407 NW 10 TERR  
HALLANDALE FL 33009

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 *George M. Rayner* (NOTE: Registered Agent signature required when reinstating.) DATE *4/20/00*

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	PST	<input type="checkbox"/> Delete	TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYNER, GEORGE M		NAME	RAYNER, GEORGE M.	
STREET ADDRESS	407 NW 10 TERR.		STREET ADDRESS	16342 S.W. 7 STREET	
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP	PEMBROKE PINES, FL. 33027	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *George M. Rayner* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *4/20/00* 934 442 9436 DAYTIME PHONE #

CR2E034 (9/99)