

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90205 033 \*\*\*150.00

**DOCUMENT # P98000019075**

1. Entity Name  
**ATLAS AMUSEMENTS, CORP.**



Principal Place of Business  
**9427 FOUNTAINBLEU BLVD  
#210  
MIAMI-FL-33172**

Mailing Address  
**2517 NW 21ST TERRACE  
SUITE #4  
MIAMI FL 33142  
US**



2. Principal Place of Business  
**2517 NW 21ST TERR. #4**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**MIAMI SUITE #4**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State

Zip  
**33142**

Country  
**DADE**

Zip Country

4. FEI Number **59-3495337**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ROGAN, JENNIFER  
9427 FONTAINEBLEAU BLVD #210  
MIAMI FL 33172**

## 7. Name and Address of New Registered Agent

Name **NANY ALMANZAR**  
Street Address (P.O. Box Number is Not Acceptable)  
**2517 NW 21ST TERR. #4**  
City **MIAMI FL** Zip Code **33142**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]**  
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

**02/11/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GENAO, VICTOR M 9427 FONTAINEBLEAU BLVD #210 MIAMI FL 33172</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROGAN, JENNIFER 15346 W DIXIE HWY NORTH MIAMI BEACH FL 33160</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS ALMANZAR, NANY 9427 FONTAINEBLEAU BLVD # 210 MIAMI FL 33172</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

**02/11/03**

Date

Daytime Phone #

CR2E034 (10/02)