

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021635

1. Entity Name  
ATLANTIC ABRASIVES ASSOCIATES, INC.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90099 012 \*\*\*150.00

Principal Place of Business  
7681-203 TAHITI LANE  
LAKE WORTH FL 33467-4954

Mailing Address  
7681-203 TAHITI LANE  
LAKE WORTH FL 33467-4954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0820123**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNE, I M  
7681-203 TAHITI LANE  
LAKE WORTH FL 33467-4954

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 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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	BERNE, I M 7681-203 TAHITI LANE LAKE WORTH FL 33467-4954	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	BERNE, SANDRA 7681-203 TAHITI LANE LAKE WORTH FL 33467-4954	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *I.M. Berne* I.M. BERNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

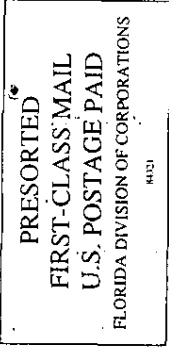


FLORIDA DEPARTMENT OF STATE

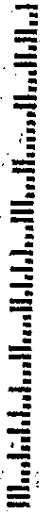
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

P.O. Box 6327  
Tallahassee, Florida 32314



TO: 0595864 AF \*\*AUTO T6 5 1201 08831-570011



P9800021635

ATLANTIC ABRASIVES ASSOCIATES, INC.  
411 HARRIER DR  
MONROE TOWNSHIP NJ 08831-5700

PLEASE CHANGE MAILING ADDRESS TO

ATLANTIC ABRASIVES  
ASSOCIATES, INC.  
7681 TAHITI LANE  
LAKE WORTH, FL 33467-4954

Attachment

# P9800021635  
726939