

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90146 014 ***150.00

DOCUMENT # P98000021635

1. Entity Name

ATLANTIC ABRASIVES ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~7681-203 TAHITI LANE~~
 LAKE WORTH FL ~~33467-4954~~

~~7681-203 TAHITI LANE~~
 LAKE WORTH FL ~~33467-4954~~

2. Principal Place of Business

8425 LOGIA CIRCLE

3. Mailing Address

8425 LOGIA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33437

Country

Zip

33437

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~~ **8425 LOGIA CIRCLE**
~~LAKE WORTH FL 33467-4954~~ **BOYNTON BEACH, FL**

Name

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

City

FL

Zip Code

33437-7115

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	D BERNE, I M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7681-203 TAHITI LANE 8425 LOGIA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467-4954 BOYNTON BEACH, FL	CITY-ST-ZIP	33437-7115
<input type="checkbox"/> Delete	D BERNE, SANDRA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7681-203 TAHITI LANE 8425 LOGIA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467-4954 BOYNTON BEACH, FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: *[Signature]* **I. M. BERNE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Date] **5/2/02** *[Phone]* **561-364-9692**

Date Daytime Phone #

CR2E034 (9/01)