

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032376

1. Entity Name

ATMOSPHERE PRODUCTS CO., INC.

Principal Place of Business

Mailing Address

3509 NW 10TH AVENUE
FT. LAUDERDALE FL 33309

P.O. BOX 190645
LAUDERHILL FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33309

USA

33319-0645

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURWITZ, HOWARD
3821 ENVIRON BLVD. - APT. 607
LAUDERHILL FL 33319

Name

HOWARD HURWITZ

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

3821 ENVIRON BLVD - APT 607

City

LAUDERHILL

FL

Zip Code

33319-4218

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HURWITZ, HOWARD I	
STREET ADDRESS	3821 ENVIRON BLVD, APT 607	
CITY-ST-ZIP	LAUDERHILL FL 33319-4218	
TITLE	S	<input type="checkbox"/> Delete
NAME	HURWITZ, JACQUELINE K	
STREET ADDRESS	3821 ENVIRON BLVD, APT 607	
CITY-ST-ZIP	LAUDERHILL FL 33319-4218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90008 047 ***150.00

700704



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-2924186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

0505037