

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032376

1. Entity Name

ATMOSPHERE PRODUCTS CO., INC.

Principal Place of Business

3509 NW 10TH AVENUE
FT. LAUDERDALE FL 33309

Mailing Address

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
33309

Country
USA

Zip
33319-0645

Country
USA

6. Name and Address of Current 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
33319-4818

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

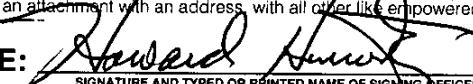
10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

1/1/01 (854)564-3331

Date

Daytime Phone #

050537

CR2E034 (10/00)