2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90082 001 ***600.00

DOCUMENT # P98000050523

1. Entity Name
ATLANTIC HOTEL MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address
1200 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1200 Brickell Ave
Suite, Apt. #, etc.
Suite 900
City & State
Miami, Florida
Zip 33131
Country U.S.A

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Numbe 65-0840475
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MATHIS, HARRIS S JR.
12614 LITTLE PALM LANE
BOCA RATON, FL. 33428

7. Name and Address of New Registered Agent
Name AGI Registered Agents, Inc
Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Ave. Suite 900
City Miami FL Zip Code 33131

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 President
Signature (typed or printed name of registered agent and title if applicable) (NOTE Registered Agent signature required when reinstating) 4/30/02 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
D Mathis, Harris S Jr 12614 Little Palm Lane Boca Raton, Fl 33428	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute my affirmation 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 any other name or title required.

SIGNATURE: X PRES 4/30/02 305-416-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR