

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000098961**

1. Entity Name

ATLAS HEALTH FUND, INC.**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90994 010 ***150.00

Principal Place of Business

**701 BRICKELL AVE STE 3120
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE STE 3120
MIAMI FL 33131-2847**

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 **65-0882746**

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

**RILEY, MICHAEL S
2665 S BAYSHORE DRIVE
MIAMI FL 33133**Name **Corporate Creations Enterprises, Inc.**Street Address (P.O. Box Number is Not Acceptable) **941 Fourth Street #200**City **Miami Beach****FL**Zip Code
33139

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, 2000 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	D	RILEY, MICHAEL S	2665 S BAYSHORE DRIVE MIAMI FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PDST	Farkas, Michael D	701 Brickell Avenue STE 3120 Miami, FL 33131
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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: *Michael D. Farkas***Michael D. Farkas****4-25-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)