

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105993

1. Entity Name

FIRST ATLANTIC MARKETING, INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90219 047 \*\*\*150.00

Principal Place of Business

Mailing Address

4220 NORTH FEDERAL HWY  
#2  
FORT LAUDERDALE FL 33308

4220 NORTH FEDERAL HWY  
#2  
FORT LAUDERDALE FL 33308-5539

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0897682

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HART, CARINA  
4220 NORTH FEDERAL HWY  
#2  
FORT LAUDERDALE FL 33308

Name

William F. Fox

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

17380 S. OCEAN DR. #8204

City

Jensen Bch

FL

Zip Code

34957

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  
William F. Fox

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-00

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  
D  
HART, CORINA  
4220 NORTH FEDERAL HWY  
FORT LAUDERDALE FL 33308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
William F. Fox  
17380 S. OCEAN DR #8204  
Jensen Bch FL 34957

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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  
William F. Fox

Date

Daytime Phone #

3-17-00

561-229-8829

CR2E034 (1/99)