

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007002

1. Entity Name

ATHURST AMERICA, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90193 002 ***150.00

Principal Place of Business

Mailing Address

21 CHISHOLM ST.
OAKVILLE ONTARIO CANADA L6K 3W2

21 CHISHOLM ST.
OAKVILLE ONTARIO CANADA L6K

2. Principal Place of Business

3. Mailing Address

LANE
2460 NW 17th ~~ST~~
Suite, Apt. #, etc.
UNIT 3

2460 NW 17th *LANE*
Suite, Apt. #, etc.
UNIT 3

City & State
Pompano Beach, FL.

City & State
Pompano Beach FL.

4. FEI Number 650903055

Applied For
Not Applicable

Zip 33064 Country U.S.A.

Zip 33064 Country U.S.A.

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

FURMAN, HOWARD MARK ESQ.
1200 S. PINE ISLAND RD., STE. 220
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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 DP
NAME ATYEO, BRUCE H
STREET ADDRESS 21 CHISHOLM ST.
CITY-ST-ZIP OAKVILLE ONTARIO CANADA L6K 3W2 ☐ Delete

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

TITLE DST
NAME ATYEO, SHARON
STREET ADDRESS 21 CHISHOLM ST.
CITY-ST-ZIP OAKVILLE ONTARIO CANADA L6K 3W2 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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

BRUCE H. ATYEO

3/13/00 954-986-9111

Date

Daytime Phone #

CR2E034 (9/99)