

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010024

1. Entity Name

J & M ATLANTIC HOLDINGS, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90080 014 \*\*\*150.00

Principal Place of Business Mailing Address  
6550 NORTH FEDERAL HIGHWAY, SUITE 340 6550 NORTH FEDERAL HIGHWAY, SUITE 340  
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308-1400

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 65-0894849 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

BRYAN, JAMES W JR  
1421 SOUTH OCEAN BOULEVARD, #217  
POMPANO BEACH FL 33062

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 PSTD  
NAME BRYAN, JAMES W JR.  
STREET ADDRESS 1421 SOUTH OCEAN BOULEVARD, #217  
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

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

TITLE VP  
NAME HURLEY, MICHAEL J  
STREET ADDRESS 1421 SOUTH OCEAN BOULEVARD, #217  
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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

2/29/00

Date

954-661-3333

Daytime Phone #

CR2E034 (9/99)