

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042410

1. Entity Name

ATOMIC INDUSTRIES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90195 030 ***150.00

Principal Place of Business

Mailing Address

10418 W. ATLANTIC BLVD
CORAL SPRINGS FL 33071

10418 W. ATLANTIC BLVD
CORAL SPRINGS FL 33071-5605

2. Principal Place of Business

19778 DINNER KEY DR.

3. Mailing Address

19778 DINNER KEY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33498

Country

USA

Zip

33498

Country

USA

4. FEI Number

03-6581814

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

CURRA, RALPH
10418 W. ATLANTIC BLVD
CORAL SPRINGS FL 33071

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

4/26/00

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 **PRESIDENT**
NAME **WILLIAM ALMONTE** ☒ Delete
STREET ADDRESS **10418 W. ATLANTIC BLVD**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **PRESIDENT / DIRECTOR** ☐ Change ☒ Addition
NAME **JOSEPH SCIALLO**
STREET ADDRESS **19778 DINNER KEY DR.**
CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **RALPH CURRA**
STREET ADDRESS **19778 DINNER KEY DR.**
CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

4/26/00

Date

(604) 714-6582

Daytime Phone #

CR2E034 (9/99)