2002 Uniform Business Report (UBR)

DOCUMENT # P9900043670 1. Entity Name FIRST ATLANTIC GROUP, INC.				Secretary of State 04-11-2002 90697 007 ***150.00
Principal Place of Business 3586 FLAMINGO DRIVE MIAMI BEACH FL 33140		Mailing Address P.O. BOX 402592 MIAMI BEACH FL 33140		I TRAIRREN HA TRAIR DANK DANK DANK BANK BANK BICER KKKE RICH COUR CRUCK CREEK HERE
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0938306 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current R	legistered Agent	Name	7. Name and Address of New Registered Agent
SUITE 401 BAY HARE	BOR ISLANDS FL 33154		City	FL Zip Code tered agent, or both, in the State of Florida.
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! Tax filing requirement and elects to do so. After May 1, 2002			!! FEE IS \$150.00 02 Fee will be \$550.00 ble to Department of S	10. Election Campaign Financing \$5:00 May Be Trust Fund Contribution.
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HUTMAN, BERNARD D 3586 FLAMINGO DRIVE MIAMI BEACH FL 33140	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HUTMAN, MICHAEL W 3586 FLAMINGO DRIVE MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	144	□ 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 NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

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 at other like empowered.

SIGNATURE: Z