2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 21, 2001 8:00 am Secretary of State DOCUMENT # P99000046230 1. Entity Name ATLAS-NAPLES, INC. 02-21-2001 90056 047 ***150.00 Principal Place of Business Mailing Address 2075 N. POWERLINE RD 2075 N. POWERLINE RD STE 1 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 65-0929883 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE CASAGRANDE, JACK NAME NAME STREET ADDRESS STREET ADDRESS 2075 N. POWERLINE RD CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** Change PRESIDENT ☐ Addition TITLE ☐ Delete TITLE MARZANO, MICHAEL NAME NAME STREET ADDRESS 2075 N. POWERLINE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** Addition ☐ Change TITLE Delete. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that the same legal effect as if made under oath; that I am an officer or director quiled by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or suppler of the corporation or the receiver changed, or on an attachment w

Daytime Phone #