

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054278

1. Entity Name

ATLANTIC FULFILLMENT, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90074 030 ***158.75

Principal Place of Business

7910 WEST DRIVE, SUITE 316
NORTH BAY VILLAGE FL 33141

Mailing Address

7910 WEST DRIVE, SUITE 316
NORTH BAY VILLAGE FL 33141-4046

2. Principal Place of Business

3. Mailing Address

13899 BISCAYNE BLVD.

Suite, Apt. #, etc.

149

City & State
NORTH MIAMI FL

Suite, Apt. #, etc.

SAME

City & State

City & State

Zip

Country

33181

Zip

Country

4. FEI Number

65 0927308

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

AMICI, JAMES
7910 WEST DRIVE, SUITE 316
NORTH BAY VILLAGE FL 33141

Name

MARK ANTON

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

13899 BISCAYNE BLVD. #149

City

NORTH MIAMI

FL

Zip Code

33181

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MARK ANTON
13899 BISCAYNE #149 MIAMI 33181

☐ Delete

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

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☐ 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

MARK ANTON

4/27/2000 305-702-6493

Date

Daytime Phone #

CR2E034 (9/99)