2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000086468** May 11, 2000 8:00 am Secretary of State ATLANTIC STAR OF PALM BEACH, INC. 05-11-2000 91422 040 ***150.00 Principal Place of Business Mailing Address 713 FORSYTH STREET 713 FORSYTH STREET BOCA RATON FL 33487 BOCA RATON FL 33487-3203 2. Principal Place of Business 3. Mailing Address 2050 WINDSOCK WAY 2050 WINDSOCK Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0951554 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33414 Fee Required 33414 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARK GAWLAS, MARK Street Address (P.O. Box Number is Not Acceptable) 713 FORSYTH STREET **BOCA RATON FL 33487** 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. DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, D PRESIDENT Change ☐ Addition TITLE ☐ Delete GAWLAS, MARK S. 2050 WINDSOCK WAY TITLE GAWLAS, MARK NAME NAME 713 FORSYTH STREET STREET ADDRESS STREET ADDRESS 33414 WEST PAIM CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change _ TITLE TITLE . Delete -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 Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

MONIFIED (SOUD) (OO)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 561371/753

Daytime Phone #