

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104472

1. Entity Name

A-ATLANTIC AUTO INSURANCE EAST CORP

Principal Place of Business

Mailing Address

5070 N. DIXIE HWY
FT. LAUDERDALE FL 33334

5070 N. DIXIE HWY
FT. LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4910 N.E. 1 Terr

Fort Lauderdale, FL

33334

U.S.A

4. FEI Number

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

CAMPOS, OLGA
4910 NE TERR.
FT. LAUDERDALE FL 33334

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

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	KENNETH A. POWERS	
STREET ADDRESS	3130 NW 108 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

Date

Daytime Phone #

4-25-00 954-493-8331

FILED

00 DEC -5 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

05-19-2000 90030 026 150.00

CR2E034 (9/99)

P99000104472

DECEMBER 11, 2000

RE: A ATLANTIC AUTO INSURANCE EAST CORP
EIN# 65-0946519

DOCUMENT # P99000104472

ATTN: TYRONE

AS PER OUR CONVERSATION, I JUST RECEIVED A LETTER FROM YOUR DEPARTMENT STATING THAT THE ORIGINAL APPLICATION (UBR) FORM WAS FILLED OUT WITHOUT THE EIN # AND WAS REJECTED.

THEN ON MAY 31, 2000 A LETTER WAS SENT TO THE HOME OF MY OLD ACCOUNTANT AND NOT MY PLACE OF BUSINESS, SO THIS WAS NEVER SEEN AND I WAS NOT ABLE TO TAKE CARE OF THE PROBLEM, UNTIL WE RECEIVED THE LETTER AT OUR OFFICE IN NOVEMBER, WHICH WE REPLIED RIGHT AWAY. THIS WHOLE TIME THE CHECK WAS CASHED SO IT SEEMED THAT EVERYTHING WAS FINE.

I AM A OWNER OF 2 CORPORATIONS AND I TRY TO ABIDE BY ANY STATE FORMS OR PAPERS THAT NEED TO BE FILED ON A VERY TIMELY MANNER, UNFORTUNATLY THIS ONE SLIPPED THROUGH AND FOR THAT I APPOLOGIZE.

I THANK YOU FOR YOUR COOPERATION ON THIS MANNER, AND APPRECIATE YOUR EFFORT TO MAKE THIS SITUATION CORRECT. PLEASE CALL ME AT (954-421-9953) IF YOU HAVE ANY QUESTIONS.

THANK YOU,



KENNETH A POWERS
A ATLANTIC AUTO INSURANCE EAST CORP
PRESIDENT

TIME