

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90131 031 ***150.00

DOCUMENT # S63666

1. Entity Name
ATLANTIC BUILDING CONSULTANTS INC.



Principal Place of Business
**21161 ESCONDIDO WAY
BOCA RATON FL 33433
US**

Mailing Address
**P.O. BOX 812222
BOCA RATON FL 33433
US**

20027120



2. Principal Place of Business
6741 VIA REGINA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State

4. FEI Number **65-0338749**

Applied For
Not Applicable

Zip
33433

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REZAI, CYRUS
21161 ESCONDIDO WAY
BOCA RATON FL 33433**

Name **CYRUS REZAI**

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

6741 VIA REGINA

City **BOCA RATON**

FL

Zip Code
33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------|---------------------|---------------|---------------------------------|
| P | REZAI, CYRUS | 21161 ESCONDIDO WAY | BOCA RATON FL | <input type="checkbox"/> |
| V | REZAI, SAEED | 21161 ESCONDIDO WAY | BOCA RATON FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------|-----------------|----------------------|-------------------------------------|-----------------------------------|
| P | CYRUS R NARIMISA | P.O. BOX 812222 | BOCA RATON, FL 33481 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| V | SAEED REZAI | P.O. BOX 812222 | BOCA RATON, FL 33481 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

(305) 447-0536

Date Daytime Phone #

CR2E034 (10/02)