

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90332 046 ***158.75

DOCUMENT # V23771

1. Entity Name

ATLANTIC MARKETING SYSTEMS, INC.



Principal Place of Business

3050 BISCAYNE BLVD
STE 1003
MIAMI FL 33137

Mailing Address

3050 BISCAYNE BLVD
STE 1003
MIAMI FL 33137

2. Principal Place of Business

9 ISLAND AVE
Suite, Apt. #, etc.
2314

3. Mailing Address

9 ISLAND AVE.
Suite, Apt. #, etc.
2314

City & State

MIAMI BEACH

City & State

MIAMI BEACH

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0331710

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KOENIG, JOHN A.
3050 BISCAYNE BLVD
STE 1003
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name KOENIG, JOHN A
Street Address (P.O. Box Number is Not Acceptable)
9 ISLAND AVE
APT. 2314
City MIAMI BEACH FL Zip Code 33139

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

T ☐ Delete
NAME KOENIG, JOHN A.
STREET ADDRESS 9 ISLAND AVENUE, APT. 2314
CITY-ST-ZIP MIAMI BEACH FL

S ☐ Delete
NAME KOENIG, CYNTHIA B.
STREET ADDRESS 9 ISLAND AVENUE, APT. 2314
CITY-ST-ZIP MIAMI BEACH FL

P ☐ Delete
NAME KOENIG, STEWART H
STREET ADDRESS 9 ISLAND AVE., APT. 2314
CITY-ST-ZIP MIAMI BEACH FL

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 of John A. Koenig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)