

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26096

1. Entity Name

ATRIUM, INC.

Principal Place of Business

Mailing Address

2875 NE 191 ST
PH 1
AVENTURA FL 33180
US

P.O. BOX 630817
MIAMI FL 33163-0817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PREMIER ASSET MANAGEMENT
2100 PARK CENTRAL BLVD., N
STE 900
POMPANO BCH FL 33064

7. Name and Address of New Registered Agent

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 | PD | <input type="checkbox"/> Delete |
| NAME | GILINSKI, SAUL | |
| STREET ADDRESS | 3000 ISLAND BLVD #1805 | |
| CITY-ST-ZIP | WILLIAMS ISLAND FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GILINSKI, FLORETTE | |
| STREET ADDRESS | 3000 ISLAND BLVD, #1805 | |
| CITY-ST-ZIP | WILLIAMS ISLAND FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | AZOUT, GILDA | |
| STREET ADDRESS | 3802 NE 207 ST #1502 | |
| CITY-ST-ZIP | N MIAMI BCH. FL | |
| 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 | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAUL GILINSKI | |
| STREET ADDRESS | 2875 NE 191 ST, PH 1 | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLORETTE GILINSKI | |
| STREET ADDRESS | 2875 NE 191 ST, PH 1 | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILDA AZOUT | |
| STREET ADDRESS | 2875 NE 191 ST. PH 1 | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | |
| 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 | | |

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***158.75 ***158.75

SP

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

1/20/2000 (305) 935-5175
Date Daytime Phone #