

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000093135

**Entity Name:** CRAIN ATLANTIS, INC.**Current Principal Place of Business:**14126 PAVERSTONE TERRACE  
DELRAY BEACH, FL 33446**Current Mailing Address:**1193 W NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442 US**FEI Number:** 20-5284753**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMAR, JUSTO L  
6151-8 RIVERWALK LN  
JUPITER, FL 33458 US*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:** JUSTO L LAMAR

03/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |  |
|-----------------|--|
| Title           | PS                                     |
| Name            | CAPELLINI, ALBERT R                    |
| Address         | 261 DEER CREEK BOULEVARD, APT.<br>1207 |
| City-State-Zip: | DEERFIELD BEACH FL 33442               |

|                 |                      |
|-----------------|----------------------|
| Title           | VPT                  |
| Name            | PETROCELLI, GEORGE M |
| Address         | 2361 NW 30TH STREET  |
| City-State-Zip: | BOCA RATON FL 33431  |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | FONTE, JESUS        |
| Address         | 3626 NW 11TH AVENUE |
| City-State-Zip: | SUNRISE FL 33351    |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | GONZALEZ, CARLOS      |
| Address         | 1368 CANARY ISLAND DR |
| City-State-Zip: | WESTON FL 33327       |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALBERT R CAPELLINI

PS

03/04/2023

Electronic Signature of Signing Officer/Director Detail

Date