

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90084 026 ***150.00

DOCUMENT # M08450

1. Entity Name
A. T. S. & L., INC.

Principal Place of Business
9263 S.W. 136 TERRACE
MIAMI FL 33176

Mailing Address
9263 S.W. 136 TERRACE
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

P.O. Box 971697

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami Florida

Zip

Country

Zip
33197-1697

Country

USA

4. FEI Number
59-2474864

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CHOOS, S. SCOTT
15600 S.W. 288 STREET
SUITE 312
HOMESTEAD FL 33033

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

R. A. Walker

04-16-2002

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PTS
NAME
WALKER, ROBERT ALLEN
STREET ADDRESS
9263 S.W. 136TH TERRACE
CITY-ST-ZIP
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

R. A. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-2002 (205) 232-1550

Date

Daytime Phone #

CR2E034 (9/01)