

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90029 048 \*\*\*158.75

**DOCUMENT # F99000001013**

1. Entity Name

**A.T.R., INC. OF MARYLAND**

Principal Place of Business

**16224 MONTY CT.  
ROCKVILLE MD 20853**

Mailing Address

**16224 MONTY CT.  
ROCKVILLE MD 33319-4430**

2. Principal Place of Business

**6200 NW 44th Street**

Suite, Apt. #, etc.

**Suite# 308**

3. Mailing Address

**6200 NW 44th Street**

Suite, Apt. #, etc.

**Suite# 308**

City &amp; State

**Lauderhill Florida**

City &amp; State

**Lauderhill, Florida**

Zip

**33319**

Country

**Broward**

Zip

**33319**

Country

**Broward**

4. FEI Number

**52-1588387**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RUBIN, ALBERT  
6200 NW 44TH ST. #308  
LAUDERHILL FL 33319**

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 Albert Rubin VP

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 **PT** ☐ Delete  
NAME **RUBIN, ANITA T**  
STREET ADDRESS **16224 MONTY CT.**  
CITY-ST-ZIP **ROCKVILLE MD 20853-1344**TITLE **VS** ☐ Delete  
NAME **RUBIN, ALBERT**  
STREET ADDRESS **16224 MONTY CT.**  
CITY-ST-ZIP **ROCKVILLE MD. 20853-1344**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Change ☐ Addition  
NAME **Rubin, Anita T.**  
STREET ADDRESS **6200 NW 44th Street Suite# 308**  
CITY-ST-ZIP **Lauderhill, Florida 33319**TITLE **VS** ☐ Change ☐ Addition  
NAME **Rubin, Albert**  
STREET ADDRESS **6200 NW 44th Street Suite# 308**  
CITY-ST-ZIP **Lauderhill, Florida 33319**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Albert Rubin, VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/00

Date

954-485-725

Daytime Phone #