

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000056454

**Entity Name:** ATRII SERVICES INCORPORATED**Current Principal Place of Business:**133 SW 164TH AVE  
PEMBROKE PINES, FL 33027**Current Mailing Address:**133 SW 164TH AVE  
PEMBROKE PINES, FL 33027**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DANIELS, ASHMER  
3015 NW 8TH PL  
FORT LAUDERDALE, FL 33311 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	DANIELS, ASHMER
Address	3015 NW 8TH PL
City-State-Zip:	FT LAUDERDALE FL 33311

Title	MANAGER
Name	WOODS, OCTAVIUS
Address	3631 NW 7TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	VP
Name	MATHIS, ANGELA
Address	2871 S OAKLAND FOREST DR
City-State-Zip:	OAKLAND PARK FL 33027

Title	ADMINISTRATIVE ASSISTANT
Name	DANIELS, TANIÈRE
Address	133 SW 164TH AVE
City-State-Zip:	PEMBROKE PINES FL 33027

*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:** ASHMER DANIELS**PRESIDENT****04/30/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date