

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90363 010 \*\*\*150.00

DOCUMENT # F01000001710

1. Entity Name

ATM-INDUSTRIES.COM, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1007 N FEDERAL HWY

Suite, Apt. #, etc.

STE 235

City & State

FT. LAUDERDALE, FL

Zip

33304

Country

USA

3. Mailing Address

1007 N FEDERAL HWY

Suite, Apt. #, etc.

STE 235

City & State

FT. LAUDERDALE, FL

Zip

33304

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2397909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANK BALDEUSINGH

Street Address (P.O. Box Number is Not Acceptable)

1629 POINSETTA DRIVE

City

FT. LAUDERDALE

FL

Zip Code

33305

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
FRANK BALDEUSINGH  
1629 POINSETTA DRIVE  
FT. LAUDERDALE, FL 33305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02

CR2E034B (12/01)