

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006847

1. Entity Name
ATI TELECOM, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90004 037 ***550.00

Principal Place of Business
110-72 CORONA AVE.
CORONA NY 11368

Mailing Address
110-72 CORONA AVE.
CORONA NY 11368

2. Principal Place of Business
22 Cortlandt St. 33rd Fl
Suite, Apt. #, etc. 33rd Floor

3. Mailing Address
22 Cortlandt Street
Suite, Apt. #, etc. 33rd. Floor

City & State
New York, NY

City & State
New York, NY

Zip
10007

Country
NY

Zip
10007

Country
NY

4. FEI Number 11-3180179

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FARRAGHER, PATRICK
11214 VERANDA CT.
BRADENTON FL 34209

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PDC DOWHIE, CHRIS 110-72 CORONA AVE. CORONA NY 11368	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOWHIE, PATRICIA 110-72 CORONA AVE. CORONA NY 11368	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sever, James 22 Cortlandt St. 33rd Floor New York, NY 10007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Darville, Wayne 22 Cortlandt St. 33rd Floor New York, NY 10007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Susan Cutright 22 Cortlandt St. 33rd Floor New York, NY 10007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kathleen Stevens 22 Cortlandt St. 33rd Floor New York, NY 10007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan Cutright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-00
Date

212-981-9116
Daytime Phone #

CR2E034 (5/00)