

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
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2. Principal Place of Business 6200 NW 44th Street	3. Mailing Address 6200 NW 44th Street
Suite, Apt. #, etc. Suite# 308	Suite, Apt. #, etc. Suite# 308
City & State Lauderhill Florida	City & State Lauderhill, Florida
Zip 33319	Country Broward
Zip 33319	Country Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1588387	Applied For <input type="checkbox"/>	Not Applied For <input type="checkbox"/>
5. Certificate of Status Desired: <input type="checkbox"/> \$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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUBIN, ANITA T		NAME Rubin, Anita T.	
STREET ADDRESS 16224 MONTY CT.		STREET ADDRESS 6200 NW 44th Street Suite# 308	
CITY-ST-ZIP ROCKVILLE MD 20853-1344		CITY-ST-ZIP Lauderhill, Florida 33319	
TITLE VS	<input type="checkbox"/> Delete	TITLE VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUBIN, ALBERT		NAME Rubin; Albert	
STREET ADDRESS 16224 MONTY CT.		STREET ADDRESS 6200 NW 44th Street Suite# 308	
CITY-ST-ZIP ROCKVILLE MD. 20853-1344		CITY-ST-ZIP Lauderhill, Florida 33319.	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 *Albert Rubin* 01/20/00 954-485-725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #