

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001013

1. Entity Name

A.T.R., INC. OF MARYLAND

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90025 025 ***150.00

Principal Place of Business

Mailing Address

6633 ARNO WAY
BOYNTON BEACH FL 33437

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BOYNTON BEACH FL 33437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1588387

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name RUBIN, ALBERT
Street Address (P.O. Box Number is Not Acceptable)

6633 ARNO WAY, APT. # 308
City BOYNTON BEACH FL Zip Code 33437

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* ALBERT RUBIN 04/13/01
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME RUBIN, ANITA T
STREET ADDRESS 6200 NW 44TH ST SUITE #308
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME RUBIN, ALBERT
STREET ADDRESS 6200 NW 44TH STREET SUITE #308
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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* ALBERT RUBIN 04/13/01 561-752-3196
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)