

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90231 007 \*\*\*158.75

**DOCUMENT # F99000001013**

1. Entity Name  
**A.T.R., INC. OF MARYLAND**

Principal Place of Business  
**6633 ARNO WAY**  
**BOYNTON BEACH FL 33437**

Mailing Address  
**6633 ARNO WAY**  
**BOYNTON BEACH FL 33437**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6633 Arno Way**

3. Mailing Address  
**6633 Arno Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Boynton Beach, FL**

City & State  
**Boynton Beach, FL.**

4. FEI Number **52-1588387**

Applied For  
 Not Applicable

Zip Country  
**33437-7323 USA**

Zip Country  
**33437-7323 USA**

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**  
**6633 ARNO WAY**  
~~APT #308~~  
**BOYNTON BEACH FL 33437**

Name  
**Rubin, Albert**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6633 Arno Way**  
 City  
**Boynton Beach FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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, 2002 Fee 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RUBIN, ANITA T 6200 NW 44TH ST SUITE #308 LAUDERHILL FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Rubin, Anita T. 6633 Arno Way Boynton Beach, Fl. 33437 7323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RUBIN, ALBERT 6200 NW 44TH STREET SUITE #308 LAUDERHILL FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Rubin, Albert 6633 Arno Way Boynton Beach, Fl. 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Albert Rubin* in VP 07/02/02 561-752-3195  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

*Attachment*  
#F99000001013  
119337

**ATR** INC.



July 2, 2002

Division of Corporations  
Uniform Business Report Filings  
PO BOX 1500  
Tallahassee FL 32302-1500  
Re: 52-1588387  
DOC # F99000001013

To Whom It May Concern:

Per our phone conversation today with Christy in your department and her instructions, We are enclosing a completed UFB report 2002 with a check in the amount of \$150.00. We have no record of ever receiving a UFB form from your department for year 2002. We also corrected some of the printed lines on your form to reflect the proper current addresses.

Thank you for your kind attention to this matter.

Sincerely yours,

A. Rubin  
Vice President