

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90107 037 ***150.00

074108 AV

DOCUMENT # H27950

1. Entity Name
A.T.E.C.S., INC.

Principal Place of Business

**9835 S.W. 72ND ST.
 SUITE 101
 MIAMI FL 33173**

Mailing Address

**9835 S.W. 72ND ST.
 SUITE 101
 MIAMI FL 33173**

2. Principal Place of Business

815 N. HOMESTEAD BLVD.

Suite, Apt. #, etc.

PM Box 219

City & State

HOMESTEAD

Zip

33030

Country

DADE

3. Mailing Address

815 N. HOMESTEAD BLVD.

Suite, Apt. #, etc.

PM Box 219

City & State

HOMESTEAD

Zip

33030

Country

DADE

4. FEI Number

59-2581712 NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WENDENBURG, RUTH

**9835 S.W. 72ND ST., SUITE 101
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name
WENDENBURG, RUTH

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

815 N. HOMESTEAD BLVD.

PM Box 219

City **HOMESTEAD**

FL

Zip Code
33030

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 \$150.00
After May 1, 2002 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

TITLE **PD** ☐ Delete
 NAME **WENDENBURG, RUTH**
 STREET ADDRESS **9835 SW 72ND ST., 101**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **ST** ☐ Delete
 NAME **HERMANS, LOUIS**
 STREET ADDRESS **9835 SW 72ND ST., 101**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
 NAME **WENDENBURG, RUTH**
 STREET ADDRESS **815 N. HOMESTEAD BLVD., PM Box 219**
 CITY-ST-ZIP **HOMESTEAD, FL. 33030**

TITLE **ST** ☐ Change ☐ Addition
 NAME **HERMANS, LOUIS**
 STREET ADDRESS **815 N. HOMESTEAD BLVD., PM Box 219**
 CITY-ST-ZIP **HOMESTEAD, FL. 33030**

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

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

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

TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ruth Wendenburg (RUTH WENDENBURG)

APR. 23, 02

Date

786/210 5954

Daytime Phone #

CR2034 (9/01)