2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAMI FL 33193

3. Mailing Address

14837 S.W. 56TH TERRACE

DOCUMENT # **L38295**

1. Entity Name

MIAMI FL 33193

A T & I SERVICES, INC.

Principal Place of Business

14837 S.W. 56TH TERRACE

2. Principal Place of Business



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90173 028 ***150.00

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			FEI Number 65-0166668		-	plied For	
					05 0 100000			t Applicable	
Country	Zip		Country	5. Certificate of Status Desired S8.75 Additional Fee Required					
e and Address of Currer	nt Registered	Agent		7.	Name and Address of New Registers	ed Agen	t		
BARONIEL, ROBERTO 14837 S.W. 56TH TERRACE				Name Street Address (P.O. Box Number is Not Acceptable)					
31 H B 10 L									
MIAMI FL 33193					F	-L	Zip Code)	
stered agent.				,	<u>-</u>		ar with, a	and accept	
1!!! FEE IS \$150.00 003 Fee will be \$550.00 to Florida Department	0 of State				Election Campaign Financing Trust Fund Contribution.		Added	0 May Be to Fees	
OFFICERS AN	ID DIRECTOR	S	11.	A[DDITIONS/CHANGES TO OFFICERS A				
EL, ROBERTO W. 56TH TERRACE . 33193		Delete	NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
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T E	tity submits this statement stered agent. TO ERRACE tity submits this statement stered agent. THE IS \$150.00 THE FEE IS \$150.00 THE FORMAL DEPARTMENT OFFICERS AN OFFICERS AND OFFICERS AN OFFICERS AN OFFICERS AND OFFICERS	Country Zip To and Address of Current Registered To ERRACE tity submits this statement for the purposistered agent. ed or printed name of registered agent and title if application of the purposition	Country Zip The and Address of Current Registered Agent TO ERRACE Tity submits this statement for the purpose of changing its resistered agent. The distribution of the purpose of changing its resistered agent. Tity FEE IS \$150.00 Tity FEE IS \$150.00 To Florida Department of State OFFICERS AND DIRECTORS Delete L, ROBERTO W. 56TH TERRACE 33193 Delete Delete	Country Zip Country Name Name Street Address City Cit	Country Zip Country 5. Re and Address of Current Registered Agent 7. Name Street Address (P.O. I City FEE IS \$150.00 003 Fee will be \$550.00 10 Fiorida Department of State OFFICERS AND DIRECTORS CITY-ST-Zip Delete TITLE NAME STREET ADDRESS CITY-ST-Zip TITLE NAME STREET ADDRESS CITY-ST-Zip STREET ADDRESS CITY-ST-Zip STREET ADDRESS CITY-ST-Zip TITLE NAME STREET ADDRESS CITY-ST-Zip TITLE NAME STREET ADDRESS CITY-ST-Zip TITLE NAME STREET ADDRESS CITY-ST-Zip	Country Zip Country 5. Certificate of Status Desired te and Address of Current Registered Agent	Country Zip Country 5. Certificate of Status Desired S8. Fee and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Country Street Address (P.O. Box Number is Not Acceptable)	Country Zip Country 5. Certificate of Status Desired S8.75 And Desired Country 5. Certificate of Status Desired S8.75 And Desired S8.75 An	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

24/u3

Daytime Phone #

CR2E034 (10/02)