

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000001202**

1. Entity Name

ATALLAH BUSINESS GROUP INC.**FILED**
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90010 038 ***150.00

Principal Place of Business

Mailing Address

7345 N.W. 34TH STREET
MIAMI FL 33122**7345 N.W. 34TH STREET**
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

7345 NW 35 St**7345 NW 35 St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL**Miami FL**

Zip

Zip

33122**33122**

Country

Country

USA**USA**

4. FEI Number

Applied For

Not Applicable

65-09720615. 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

SABA, RAFAEL
8255 S.W. 152ND AVE. APT. 308
MIAMI FL 33193

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
PD	ATALLAH, ELIAS	4961 POINTE CIRCLE	OLDSMAR FL 34677	<input type="checkbox"/>
VPD	ATALLAH, RAMSES	4961 POINTE CIRCLE	OLDSMAR FL 34677	<input type="checkbox"/>
TD	ROJAS, LUIS	4961 POINTE CIRCLE	OLDSMAR FL 34677	<input type="checkbox"/>
SD	TORIBIO, PASCASIO	4961 POINTE CIRCLE	OLDSMAR FL 34677	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00**(305) 593-5383**