

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047486

1. Entity Name

A & T National Services, Corp.

Principal Place of Business

301 NW 32nd Court #109
Pompano Beach, FL 33064

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1007724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 DEC 21 PM 12:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Teixeira, Adailton Gomes
301 NW 32nd Court # 109
Pompano Beach, FL 33064

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
Adailton Gomes Teixeira
301 NW 32nd Court # 109
Pompano Beach, FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

2012

POMPANO BEACH-FL, July 18, 2001.

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation
by the following name:


A & T NATIONAL SERVICES, CORP.
DOC.# P00000047486

Our corporation has its articles filed with Florida department of
State-Division of Corporation on 05/12/2000.
Unfortunately, we never received the first notice, of our UBR
form; and we did not know that we must pay it annual y. This is
the first time we are renewing our corporation.

As this happened against our will, we would like to ask you
please wave the Reinstatement Fee, as I am sending you the amount
of US\$ 150.00, plus the completed Form. I would like to ask you
to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this
matter, please feel free to contact me. Thank you.

Sincerely,


AZAILTON G. TEIXEIRA
301 NW 32nd Court Apt # 109
Pompano Beach, FL 33064-2964
Phone: (954) 553-4779