FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 24, 2002 8:00 am DOCUMENT# **P00000047486** Secrétary of State 1. Entity Name A & T NATIONAL SERVICES, CORP. 07-24-2002 90135 010 ***150.00 Principal Place of Business Mailing Address 301 NW 32ND COURT #109 301 NW 32ND COURT #109 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 B0131941 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1007724 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent. Name TEIXEIRA, ADAILTON GOMES 301 NW 32ND COURT #109 Street Address (P 0 Box Number is Not Acceptable) POMPANO BEACH FL 33064 City Zio 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 reinstaling) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 may Be (See criteria on back) Trust Fund Contribution Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTS TITLE Delete Change Addition GOMES TEIXEIRA, ADAILTON NAME STREET ADDRESS 301 NW 32ND COURT #109 CITY - ST - ZIP POMPANO BEACH FL 33064 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE ☐ Delete - ... Change ... Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP Delete ☐ Change ☐ Addition ☐ Delete ☐ 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 changed, or on an attachment wittyan address, with all other like empowered. TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Attackment B0131941

Florida, July 16, 2002.

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 2002 UBR form; and we did not know that we must pay it annually. 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,

ADAILTON GOMES TEIXEIRA

President

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