2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED			
DOCUMENT # P00000082718 1. Entity Name							Feb 18, 2002 8:00 am Secretary of State			
•		ATORS, INC.					02-18-2002	90002 012 ***	*150.00	
Principal Place of Business 3650 NW 6TH PLACE FT. LAUDERDALE FL 33311 Mailing Address 3650 NW 6TH PLACE FT. LAUDERDALE FL 33311							1 K an kan me daka adan adan ad an ad	Paril after lækt ven		
2. Principal F	Place of Busine	ss	3. Mailing Address					188 00 1880 1880 1880		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State City & State						4.	4. FEI Number 65-1044420 Applied For Not Applied For			
Zip Country			Zip	ry	5 Certificate of Status Desired					
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
THE LAW OFFICES OF MO N. ELDEIRY, ESQ. 888 SOUTH ANDREWS AVE., #205					Name Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33316					City FL Zip Code					
8. The above SIGNATURE.	·	submits this statement for the			d office or regis		ent, or both, in the State of Flor	ida. DATE		
Tax filing i		le to satisfy its intangible d elects to do so.	FILE NOW!! After May 1, 200 Make Check Payab	02 Fee v	vill be \$550.00		10. Election Campaign Fina Trust Fund Contribution.	· - •	5.00 May Be Added to Fees	
11.		OFFICERS AND DIF	RECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BERTEAUX, 3650 NW 6'		☐ Delete		T ADDRESS ST-ZIP			☐ Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS			☐ Delete		T ADDRESS			☐ Cha	ange Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	TITLE	ST-ZIP T ADDRESS		<u> </u>	☐ Cha	ange 🗌 Addition	
CITY-ST-ZIP				-CITY-	ST-ZIP	-	هسروما دهادها الأراد فستفاه	<u> </u>		
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS			Cha	ange LJ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE				☐ Cha	ange Addition	
CITY-ST-ZIP TITLE NAME			☐ Delete	TITLE NAME	ST-ZIP			☐ Cha	inge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP			· <u>·</u>		
 I hereby of indicated of the corchanged, 	certify that the i on this report of poration or the or on an attac	nformation supplied with this or supplemental report is tru receiver or trustee empowe nment with an address, with	s filing does not qualify for e and accurate and that m red to execute this report of other like employered	the exem ny signatu as requir	nption stated in ure shall have the ed by Chapter 6	Section le same l 607, Flori	119.07(3)(i), Florida Statutes. I f legal effect as if made under oa da Statutes; and that my name	urther certify that ith; that I am an oi appears in Block	the information flicer or director 11 or Block 12 if	

SIGNATURE: