## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000023527 1. Entity Name



## Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90217 012 \*\*\*150.00

ATTROCESSING SERVICES, INC.									
	DO N	OT WRITE	E IN THIS S	PAC					
2. Principal P	ace of Busin	SET DRI	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Stat	City & State / FZ		City & State	City & State			El Number	Applied For Not Applicable	
Zip <b>331</b>	1233173 Country DADE		Zip	Country		<b>5</b> . C	ertificate of Status Desired	\$8.75 Additional Fee Required	
				CHEST SHIP I	Name		me and Address of Current Register	ed Agent	
	Ð	O-NOT-W	/RITE	RITE Street Address (P.			O. Box Number is Not Acceptable)		
	State of the same of	V THIS SI				<u> </u>			
		The second second		City M.O.			FL Zip Code 1 7.2		
8. The above	named entity	/ subplits this statement i	for the purpose of changing i	ts register	ed office or regis	tered age	ent, or both, in the State of Florida. I an	<u> </u>	
the obligat	ions of registe	ered agent.							
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title if applicable. (NC	OTE: Registere	id Agent signature requ	ired when reir	nstating) DATE	9103	
	After May 1 Amended	ny 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 Florida Department o	d State			~	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	r ayable to	OFFICERS AND				3 49249, 2019			
TITLE	PO	evac ITL	·	TITL					
NAME STREET ADDRESS	103	CHARLES OO SUNSET	DE-	SIRE	ET ADDRESS				
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NAME .	197	,		TITL Nam	Manufactur Marie Parist I are market				
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NAME				NAM	Charles with state Charles				
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TITLE	<del> </del>	<del></del>	<u></u> ,	IIIT	TO THE LOUIS BUSINESS	10 St. 10 St			
NAME STREET ADDRESS				NAM	E ADDRESS				
CITY-ST-ZIP	<u></u>			100	ST-ZIP				
12 I hereby o	artify that the	information euoplied wit	th this filing does not qualify for	or the eve	motion stated in t	Section 1	19 07(3)(i) Florida Statutes I further o	ortify that the information	

indicated on this report or supplied with cuts limits does not quality for one exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 of fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #