FILED

Jul 31, 2003 8:00 am

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **Secretary of State DOCUMENT #** P02000039638 07-31-2003 90067 008 \*\*\*150.00 1. Entity Name ATI.J. INC. Principal Place of Business Mailing Address 5137 NW 49TH AVENUE 5137 NW 49TH AVENUE COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address 3000 N. UNIVERS Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 372 E City & State City & State 4. FEI Number Applied For COTAL SPRINGS k. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Αえい Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JUHASZ, ATTILA Street Address (P.O. Box Number is Not Acceptable) 5137 NW 49TH AVENUE COCONUT CREEK FL 33073 Zip Code City 8. The above named entity sub nt for the purp inging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register SIGNATURE A itle if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITI F ☐ Delete Addition NAME JUHASZ, ATTILA NAME STREET ADDRESS 5137 NW 49TH AVENUE STREET ADDRESS CITY-ST-ZIP **COCONUT CREEK FL 33073** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME & NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information supplied with this filling does not qualify for indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee emptwered in execute this report.

changed, or on an attachment with an addre-

e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information agnature shall have the same legal effect as if made under oath; that I am an officer or director regulated by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

attachment 80134793

PO BOX 771210 Coral Springs, Fl. 33077-1210 954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

07/25/03

Florida Department of State PO BOX 6327 Tallahassee, Fl. 32314

Re:ATLL Inc.
Doc # P02000039638

To Whom It May Concern:

We are enclosing a copy of the application for corporate reinstatement for our client, ATI.J., Inc.

We are providing a check for the filing and have not included the penalty due to the taxpayer having moved and the forwarding from the postal service had not been forwarded. The second notice was then forwarded by the postal service.

Therefore we are requesting reinstatement on behalf of ATI.J., Inc. based on change of address and not having received the 2003 UBR form the Department of State.

We have also advised the client the form must be filed before April 30 of each year and to file promptly in future years.

Should you have any questions, please contact my office.

Thank you, Sincerely,

David Hernandez