

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05404

1. Entity Name

ATHERTON COMPANY N.V.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 10 PM 5:32

Principal Place of Business

1200 SMITH ST., STE. 2355
HOUSTON TX 77002

Mailing Address

1200 SMITH ST., STE. 2355
HOUSTON TX 77002

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

98-0049262

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAIKH, TERRY

C/O ATHERTON COMPANY N.V. Seven Eight Six Properties
8660 W. IRLA BRONSON MEM. HWY. Inc.
KISSIMMEE FL 34746

Name

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

City

FL

Zip 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 reinstating)

10/05/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PS
NAME SHAIKH, TERRY
STREET ADDRESS 1200 SMITH ST., STE. 2355
CITY-ST-ZIP HOUSTON TX 77002 ☐ Delete

TITLE T
NAME LOONEY, JACQUELINE M
STREET ADDRESS 1200 SMITH ST., STE. 2355
CITY-ST-ZIP HOUSTON TX 77002 ☐ Delete

TITLE D
NAME CURACAO INTERN'L TRUST
STREET ADDRESS DE RUYTRKADE 62
CITY-ST-ZIP WILLIAMSTADT, CURAC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

10/05/00

Date

713-759-1720

Daytime Phone #

CR2E034 (5/00)