

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26301

1. Entity Name

NEW ATICO INTERNATIONAL LIMITED CORPORATION

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90039 001 \*\*\*158.75

Principal Place of Business

Mailing Address

501 S ANDREWS AVENUE  
FT. LAUDERDALE FL 33301  
US

P. O. BOX 14368  
FT. LAUDERDALE FL 33302-4368  
US

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 **59-2806747**

Applied For  
Not Applied

DO NOT WRITE IN THIS SPACE

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

FELKOWITZ, STEVE  
501 S ANDREWS AVENUE  
FT LAUDERDALE FL 33301

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)

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	CEOD	<input type="checkbox"/> Delete
NAME	FELKOWITZ, STEVE	
STREET ADDRESS	501 S ANDREWS AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	KRONRAD, RICHARD	
STREET ADDRESS	501 S ANDREWS AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SUTKER, MARTIN	
STREET ADDRESS	501 S ANDREWS AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE FELKOWITZ

1/18/00 (954) 779-2500

Daytime Phone #