

# 2000 UNIFORM BUSINESS REPORT (UBR)

1052

**DOCUMENT # P93000001057**

1. Entity Name

ATM, INC.

Principal Place of Business

11305 SW 93RD CT  
MIAMI FL 33176

Mailing Address

11305 SW 93RD CT  
MIAMI FL 33176

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

65-0450160

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

RUBIN, EDWARD S  
11305 S.W. 93RD COURT  
MIAMI FL 33176

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
RUBIN, EDWARD S.  
11305 SW 93RD CT  
MIAMI FL 33176

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 23 AM 7:07

700003372197-1  
-08/24/00--01051--021  
\*\*\*150.00 \*\*\*150.00

APR 23

7-24-2000

CR2E034 15/001

ATM, INC

11305 SW 93 CT.

MIAMI, FL. 33176

TO FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

ATTN: SEAN TONER

PLEASE BE ADVISED THAT THE ABOVE CORPORATION DID NOT RECEIVE THE INITIAL UNIFORM BUSINESS REPORT NOTICE, WHICH IS THE REASON FOR THE LATE FILING. OUR PAST RECORDS SHOULD INDICATE PROMPT FILING. I AM ENCLOSED THE \$150<sup>00</sup> CHECK, WHICH ACCORDING TO YOUR 8/8/2000 LETTER IS THE PROPER AMOUNT.

# Memo

20 Fr

## LETTER

Date 8-21-2000

Subject ATM, INC  
REF. NUMBER  
P93000001057

ATM, INC



☐ Please reply

☐ No reply necessary

SIGNED