

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P95000034471**

1. Entity Name

**A.T.J. CORPORATION**

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90034 014 \*\*\*150.00

Principal Place of Business <b>409 SE 1ST AVE FLORIDA CITY FL 33034</b>	Mailing Address <b>409 SE 1ST AVE FLORIDA CITY FL 33034-5009</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0586369</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PREMSARAN, PATEL**  
**333 SE 1ST AVE, US NO 1**  
**FLORIDA CITY FL 33034**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PATEL, DAYABHAI</b>
STREET ADDRESS	<b>409 SE 1ST AVE</b>
CITY-ST-ZIP	<b>FLORIDA CITY FL 33034</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PATEL, PREMSARAN</b>
STREET ADDRESS	<b>409 SE 1ST AVE</b>
CITY-ST-ZIP	<b>FLORIDA CITY FL 33034</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PATEL, SANJAYKLVYAR S</b>
STREET ADDRESS	<b>409 SE 1ST AVE</b>
CITY-ST-ZIP	<b>FLORIDA CITY FL 33034</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: **SANJAYKUMAR PATEL** **SANJAYKUMAR.S.** 01/18/00 305248-  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9777

CR2E034 (9/99)