

2000 UNIFORM BUSINESS REPORT (UBR)

Amended
\$ 61.25

DOCUMENT # P95000085632

1. Entity Name

ATKA, INC.
dba: BEVERAGE CASTLE #56

Principal Place of Business

Mailing Address

11730 N. 56TH STREET
TEMPLE TERRACE, FL. 33617

FILED

00 NOV 20 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-3352716

Not Applicable

Zip

Country

Zip

Country

HILLSBOROUGH

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATUL J. SOLANKI
11730 N. 56TH STREET
TEMPLE TERRACE, FL. 33617

Name

ATUL J. SOLANKI

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

11730 N. 56TH STREET

City

TEMPLE TERRACE FL

Zip Code

33617

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)

11-16-00

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 \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KALPANA A. SOLANKI
11730 N. 56TH ST.
TAMPA, FL. 33617

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES. / ~~ADD~~
ATUL J. SOLANKI
11730 N. 56TH ST.
TEMPLE TERRACE, FL. 33617

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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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

11-16-00

Date

813-985-0455

Daytime Phone #

CR2E034 (9/99)