

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000016397**

1. Entity Name

ATAU, Inc

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90083 022 ***150.00

Principal Place of Business

Mailing Address

6635 W. COMM. BLVD., 207
TAMARAC, FL 33319

80052529

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

City & State

SAME

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0644154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ATUL AGARWAL
6635 W. COMM BLVD. #207
TAMARAC, FL 33319

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

Atul Agarwal

3/29/00

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

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ATUL AGARWAL	
STREET ADDRESS	6635 W. COMM. BLVD #207	
CITY - ST - ZIP	TAMARAC, FL 33319	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ANUS AGARWAL	
STREET ADDRESS	6635 W. COMM. BLVD. #207	
CITY - ST - ZIP	TAMARAC, FL 33319	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CHANDER K. AGARWAL	
STREET ADDRESS	6635 W. COMM. BLVD., #207	
CITY - ST - ZIP	TAMARAC, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Atul Agarwal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

Daytime Phone #

CR2E034 (9/99)