

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101851

1. Entity Name

AT&A ENTERPRISES INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90103 033 ***150.00

Principal Place of Business	Mailing Address
8242 STATE RD SUITE 84 DAVIE FL 33324 US	8242 STATE RD SUITE 84 DAVIE FL 33324 US

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0718198	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALSINA, ANDRES R JR 8242 STATE RD SUITE 84 DAVIE FL 33324	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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSINA, ANDRES R JR	NAME	
STREET ADDRESS	10 GABLES BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, ANTHONY	NAME	
STREET ADDRESS	11160 SW 17 MANOR	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, ANA M	NAME	
STREET ADDRESS	11160 SW 17 MANOR	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	REGINA ALSINA
STREET ADDRESS		STREET ADDRESS	10 GABLES BLVD
CITY-ST-ZIP		CITY-ST-ZIP	FT. LAUDERDALE FL 33326
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ANDRES R. ALSINA
STREET ADDRESS		STREET ADDRESS	3611 WASHINGTON LANE
CITY-ST-ZIP		CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: Cina N. DeLeon **REQUIRED** Date: 4/18/10 Daytime Phone #: (954) 382-1322

CR2E034 (9/99)