

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90001 012 ***150.00

DOCUMENT # P96000101851

1. Entity Name

AT&A ENTERPRISES INC.

Principal Place of Business

8242 STATE RD

SUITE 84

DAVIE FL 33324

US

Mailing Address

8242 STATE RD

SUITE 84

DAVIE FL 33324

US

2. Principal Place of Business

8242 STATE RD 84

3. Mailing Address

8242 STATE RD 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip **33324**

Country

Zip

33324

Country

4. FEI Number

65-0718198

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALSINA, ANDRES R JR

8242 STATE RD

SUITE 84

DAVIE FL 33324

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

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 12, 2001 Fee 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

TITLE **P** ☐ Delete
NAME **ALSINA, ANDRES R JR**
STREET ADDRESS **10 GABLES BOULEVARD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE **V** ☐ Delete
NAME **REYES, ANTHONY**
STREET ADDRESS **11160 SW 17 MANOR**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE **ST** ☐ Delete
NAME **REYES, ANA M**
STREET ADDRESS **11160 SW 17 MANOR**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE **V** ☐ Delete
NAME **ALSINA, REGINA**
STREET ADDRESS **10 GABLES BLVD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE **V** ☐ Delete
NAME **ALSINA, ANDRES R**
STREET ADDRESS **3611 WASHINGTON LANE**
CITY-ST-ZIP **HOLLYWOOD FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/01 954-382-1322

Date

Daytime Phone #

0143156 SP

CR2E034 (5/01)

Attachment# P96000101851
A0079789

EAST COAST CYCLES

7/18/01

Fla. Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

To whom it may concern:

The uniform business report that were due on June 8, 2001 ~~we~~ never reached us by mail for the address is incorrect.

We have enclosed a check for \$150 and ask that the \$600 Fee be waived.

Thank you,

Ana M. Payne