

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019575

1. Entity Name

ATALENS CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90147 008 ***150.00

Principal Place of Business	Mailing Address
8855 COLLINS AVE. APT. 706 SURFSIDE FL 33154	8855 COLLINS AVE. APT. 706 SURFSIDE FL 33154-3599



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8855 Collins Ave	8855 Collins Ave
Suite, Apt. #, etc. 706	Suite, Apt. #, etc. 706
City & State Surfside FL	City & State Surfside FL
Zip 33154	Zip 33154
Country	Country

4. FEI Number	65-0746963	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEGI, MARTA 8855 COLLINS AVE. APT. 706 SURFSIDE FL 33154	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 NAME STREET ADDRESS CITY-ST-ZIP	D HEGI, MARTA 8855 COLLINS AVE. SURFSIDE FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: HEGI, MARTA **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)