2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90125 023 ***150.00

061207 AT

DOCUMENT # **P97000032092**

1. Entity Name
ATIUQE FINANCIAL AND INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
~~6100 HOLLYWOOD BLVD~~ XXXXXXXXXXXX 1351 North ~~#430~~ XXXXX ~~HOLLYWOOD FL 33024~~ XXXXXXXXXXX US	3755 CAPITAL OF TX HWY SOUTH #148 AUSTIN TX 78704 US

2. Principal Place of Business	3. Mailing Address
1851 Northwest 125th Ave	
Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc.
City & State Pembroke Pines, FLL	City & State
Zip 33028 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0744099** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY **1201 HAYS STREET** **TALLAHASSEE FL 32301-2525**	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 $150.00
After May 1, 2002 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D ☐ Delete NAME: WOLFE, RICHARD G STREET ADDRESS: 11551 FOREST CENTRAL DR.,FOREST CENTRAL II CITY-ST-ZIP: DALLAS TX 75243	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D ☐ Delete NAME: MYER, ROBERT L STREET ADDRESS: 3755 CAPITAL OF TX HWY SOUTH SUTE 148 CITY-ST-ZIP: AUSTIN TX 78704	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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 2-20-02 512-462-2728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)