2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000035021 Apr 12, 2000 8:00 am Secretary of State NATA ENGINEERING INC. 04-12-2000 90185 023 ***150.00 Principal Place of Business Mailing Address 8718_VIA_REALE 8718 VIA REALE BOCA RATON FL 33496-1913 **BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0750621 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6 h to . west to 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASSENZA, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 8718 VIA REALE **BOCA RATON FL 33496** Zip Code FL 8. The above named his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 6. Zodi NTONIO SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS A ID DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE ASSENZA: ANTONIO NAME NAME STREET ADDRESS 8717 VIA REALE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY-ST-ZIF Change ☐ Addition and a colored party ☐ Delete TITLE TITLE SLEET TO COURSE NAME STREET ADDRESS STREET ADDRESS CHARLEY VALUE ! 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)(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 rescribe 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.