

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074613

1. Entity Name

ATRANDO, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90092 046 ***150.00

Principal Place of Business

% DRUCKER & FALK, LLC
7200 STONEHENGE DRIVE SUITE 211
RALEIGH NC 27613

Mailing Address

% DRUCKER & FALK, LLC
7200 STONEHENGE DRIVE SUITE 211
RALEIGH NC 27613-1620

2. Principal Place of Business

3. Mailing Address

9286 Warwick Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Newport News, VA

4. FEI Number

59-3465999

Applied For

Not Applicable

Zip

Country

Zip

Country

23607

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNTER, DANIEL M
227 WEST PARK AVENUE
WINTER PARK FL 32789

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FALK, DAVID C SR
STREET ADDRESS 7200 STONEHENGE DRIVE SUITE 211
CITY-ST-ZIP RALEIGH NC 27613

TITLE D ☐ Delete
NAME KAYDEN, BERNARD H
STREET ADDRESS 550 MAMARONECK AVE SUITE 404
CITY-ST-ZIP HARRISON NY 10528

TITLE D ☐ Delete
NAME KAYDEN, MILDRED
STREET ADDRESS 550 MAMARONECK AVE SUITE 404
CITY-ST-ZIP HARRISON NY 10528

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2000

Date

Daytime Phone #

CR2E034 (9/99)