

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000041081**1. Entity Name
A.T. MARKETING USA, INC.

Principal Place of Business

4359 FOXTAIL LANE

WESTON
33331

FL

Mailing Address

4359 FOXTAIL LANE

WESTON
33331

FL

2. Principal Place of Business

3290 SW 136TH WAY

3. Mailing Address

3290 SW 136TH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE

FL

City & State

DAVIE

FL

4. FEI Number

65-0999562

Applied For

Not Applicable

Zip

33330

Country

Zip

33330

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

TAMAYO ALESSANDRA
4359 FOXTAIL LANEWESTON
33331

FL

7. Name and Address of New Registered Agent

Name

TAMAYO ALESSANDRA

Street Address (P.O. Box Number is Not Acceptable)
3290 SW 136TH WAYCity
DAVIE

FL

Zip Code
33330

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 _____ 04/23/2001

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, 2001 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	<input type="checkbox"/> Delete
NAME	TAMAYO ALESSANDRA	
STREET ADDRESS	4359 FOXTAIL LANE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMAYO ALESSANDRA	
STREET ADDRESS	3290 SW 136TH WAY	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Alessandra Tamayo

d

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)