

# 02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 23 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000083840

1. Entity Name

ATM FURNITURE CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7727 APOPKA BLVD.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
APOPKA FL

City & State

4. FEI Number

59-3598944

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
JOHN STEMBERGER, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
4853 S. ORANGE AVE. STE C

City  
ORLANDO

FL

Zip Code  
32809

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)

900009668219

12/24/02 01032 010 \*\*150.00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ADDAM MASRI  
4231 TALL TREE DRIVE  
ORLANDO, FL 32810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TOUFIC L MASRI  
4231 TALL TREE DRIVE  
ORLANDO, FL 32810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ORLANDO, FL 32810

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Libon Masri

12-22-02

Date

407 292 7000

Daytime Phone #

CR2E034B (12/01)

75 12/30

W. B. D. Accounting, Inc.

10001 N.W. 50th Street  
Suite 204  
Sunrise, FL 33351

(954) 746-0156  
Fax: (954) 746-7690

December 5, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: ATM FURNITURE CORPORATION  
FEIN: 59-3598944

Dear Sir/Madam:

Please be advised that we represent the above-referenced client. Upon review of our records, we found that our client never received his Uniform Business Report. Immediately on learning of this, our client called your office and was told to submit a Report with a check for \$150.00 and a letter requesting a one-time exemption of waiver for the reinstatement fee.

To this end, we enclose the UBR and a check for this amount. We thank you for your attention to this matter and for your indulgence in this case. If you have any questions, or need additional information, please contact us.

Very truly yours,  
WBD ACCOUNTING, INC.



David B. Lanter, CPA

DBL:tb

Enclosures

cc: Client