

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000088254**
1. Entity Name
A and T Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -4 PM 4:27

Principal Place of Business Mailing Address
**15916 SW 82 ST
MIAMI FL 33193**

20606

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Zip Country Zip Country

4. FEI Number **59-3603658** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HUSSAIN, SYED
15916 S.W. 82ND STREET
MIAMI FL 33193**

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: _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSD	<input type="checkbox"/> Delete
NAME	HUSSAIN SYED	
STREET ADDRESS	15916 S.W. 82ND STREET	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUSSAIN TAHIRA	
STREET ADDRESS	15916 SW 82 ST STREET	
CITY-ST-ZIP	MIAMI FL 33193	
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		<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: **Tahira Hussain** **9-7-00**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Doc # P99000088254

20606

9-7-00

I mailed you a check of \$150.00
The check number was 0145, the check was
mailed to you on April 24, 00.

I didn't receive your 2000 Uniform
Business report- I called and request form
~~Business report form I received on sep 6th~~
So I am filling it out and sending you my
2000 Uniform Business Report (U.B.R.)

For any questions
please call me

(305) 388-5571

TAMARA HASSAN

15916 SW 82 ST
MIAMI FL 33193

Thank you very much
to making me feel

10-2-00

Thank you very much
again
Tamara Hassan