

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
 03-12-2001 90472 045 ***150.00

0106662

DOCUMENT # P99000097875

1. Entity Name

ATI GROUP, INC.

Principal Place of Business

Mailing Address

800 SOUTH PARK ROAD
 SUITE 214
 HOLLYWOOD FL 33021

800 SOUTH PARK ROAD
 SUITE 214
 HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

3820 SW 52nd Ave
 Suite, Apt. #, etc.

3820 SW 52nd Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0962173

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, EARLENE
 3820 SW 52ND AVE.
 HOLLYWOOD FL 33023

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

Earlene Joseph

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/05/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME JOSEPH, EARLENE
 STREET ADDRESS 3520 SW 52ND AVE
 CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE President ☒ Change ☐ Addition
 NAME Earlene Joseph
 STREET ADDRESS 3820 SW 52nd Ave
 CITY-ST-ZIP Hollywood, FL 33023
 Address

TITLE SD ☐ Delete
 NAME JOSEPH, EARLENE
 STREET ADDRESS 3820 SW 52ND AVE
 CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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:

Earlene Joseph, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/01

Date

(954) 801-5238

Daytime Phone #

CR2E034 (10/00)