

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90036 030 \*\*\*150.00

DOCUMENT # **V47899**

1. Entity Name

**A.T CAB INC**

Principal Place of Business

Mailing Address

**MIAMI FL**

2. Principal Place of Business

**4948 SW 33 Way**

Suite, Apt. #, etc.

**FT LAUDERDALE FL**

City & State

3. Mailing Address

**4948 SW 33 Way**

Suite, Apt. #, etc.

**FT LAUDERDALE FL**

City & State

Zip  
**33312**

Country  
**USA**

Zip  
**33312**

Country  
**USA**

4. FEI Number

**65-0363783**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Moshe Tesona**

**4948 SW 33 Way**

**FT LAUDERDALE FL 33312**

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	NAME	STREET ADDRESS	ST-ZIP	Delete
	<b>PRESIDENT</b>	<b>MOSHE TESONA</b>	<b>4948 SW 33 Way</b>	<input type="checkbox"/>
		<b>FT LAUD FL</b>	<b>33312</b>	
	<b>V. P. PRESIDENT</b>	<b>MOSHE TESONA</b>	<b>4948 SW 33 Way</b>	<input type="checkbox"/>
		<b>FT LAUDERDALE FL</b>	<b>33312</b>	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**OSAL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-4-00**

Date

**954 962 2630**

Daytime Phone #

CR2E034 (9/99)