

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90017 001 ***150.00

DOCUMENT # F85096

1. Entity Name

APPLIED TECHNOLOGY ASSOCIATES, INC.

R

Principal Place of Business

~~1605 GRAN VIA~~ **411 N.W. 97th Lane**
~~P.O. BOX 149434~~
~~ORLANDO FL 32814~~
Coral Springs, FL 33071

Mailing Address

~~1605 GRAN VIA~~ **411 N.W. 97th Lane**
~~P.O. BOX 149434~~
~~ORLANDO FL 32814~~
Coral Springs, FL 33071
US

2. Principal Place of Business

411 N.W. 97th Lane
 Suite, Apt. #, etc.
Coral Springs
 City & State
FL

3. Mailing Address

411 N.W. 97th Lane
 Suite, Apt. #, etc.
Coral Springs
 City & State
FL

Zip
33071

Country
Broward

Zip
33071

Country
Broward

4. FEI Number

59-2203506

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAVALLERI, ROBERT J
~~1605 GRAN VIA~~ **411 N.W. 97th Lane**
~~ORLANDO FL 32825~~
Coral Springs, FL 33071

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P CAVALLERI, ROBERT J 4008 MAGUIRE BLVD #5116 411 N.W. 97th Lane ORLANDO FL 32803 Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CAVALLERI, MARICHU A 4008 MAGUIRE BLVD #5116 411 N.W. 97th Lane ORLANDO FL 32803 Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert J Cavalleri*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00 (954) 3469576
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CP (02-1-99)

F850916

A0067645

APPLIED TECHNOLOGY ASSOCIATES

411 NW 97 th Lane
Coral Springs , FL 33071
954-346-9576
954-255-2312 (FAX)

July 7, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear sir:

As per the instructions received in a telephone conversation today (July 7, 2000) with Nathan in the Tallahassee office, enclosed is a check for \$150. We explained to Nathan that we never received the first notice for renewal of our corporate status. If you check your records, you will notice that we have always been prompt with our payment.

As you will notice you sent the second notice to our current address but the other addresses that you had on the form were incorrect. Enclosed is a copy of the address page of the renewal form. The form shows that you had our correct mailing address. that you sent the second notice to. We have corrected the addresses in the appropriate boxes of the form. If there are any questions or problems please call us at 954-346-9576, or Fax us at 954-255-2312.

Respectively yours,



Marie Cavalleri

Secretary-Treasurer