

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 22, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000014726**  
**1. Entity Name**  
 ADVANCED TECHNOLOGY COMMUNICATIONS LIMITED LIABILITY COMPANY

<b>Principal Place of Business</b> 3500 N. MIAMI AVE.  MIAMI FL 33137	<b>Mailing Address</b> 3500 N. MIAMI AVE.  MIAMI FL 33137
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<b>2. Principal Place of Business</b> 3500 N. MIAMI AVE. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3500 N. MIAMI AVE. Suite, Apt. #, etc.
<b>City &amp; State</b> MIAMI FL	<b>City &amp; State</b> MIAMI FL
<b>Zip</b> 33127	<b>Country</b>

**4. FEI Number**  
**65-1063414**

Applied For
Not Applicable

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

VENTO MITCHELL T  
 3500 N. MIAMI AVE.  
  
 MIAMI FL 33137 US

**7. Name and Address of New Registered Agent**

Name  
 VENTO MITCHELL T

Street Address (P.O. Box Number is Not Acceptable)  
 3500 N. MIAMI AVE.

City  
 MIAMI FL Zip Code  
 33127

**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** \_\_\_\_\_ **01/22/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABRERA FERNANDO MGR 1222 SW 18TH STREET MIAMI FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBELO ANTHONY MGR 3097 BIRD AVENUE COCONUT GROVE FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VENTO VINCENT JMGR 2208 S. MIAMI AVENUE MIAMI FL 33129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VENTO MITCHELL TMGR 3920 BATTERSEA ROAD MIAMI FL 33133 <input type="checkbox"/> Change <input checked="" 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

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** Mitchell T. Vento MGR **01/22/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)