

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90115 012 ****50.00

DOCUMENT # L00000015097

1. Entity Name
APM-EDC AMERICA, LLC

Principal Place of Business Mailing Address
120 INTERNATIONAL PKWY. #220 **120 INTERNATIONAL PKWY. #220**
HEATHROW FL 32746 **HEATHROW FL 32746**

918189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **57-3731598** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIRD, ROBERT W
101 SOUTHWALL LANE
STE 400
MAITLAND FL 32751

Name **Robert W. Bird**
 Street Address (P.O. Box Number is Not Acceptable)
378 Centerpointe Cr.
Suite 1238
 City **Altamonte Springs** **FL** Zip Code **32701**

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
 NAME **MUNIZZI, LEE**
 STREET ADDRESS **120 INTERNATIONAL PKWY, #220**
 CITY-ST-ZIP **HEATHROW FL 32746**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** Delete
 NAME **DERNOVSKEY, ALEX**
 STREET ADDRESS **5850 LAKE HURST DR.**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** Delete
 NAME **BAREYEV, IGOR**
 STREET ADDRESS **5850 LAKE HURST DR.**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MANAGER** Change Addition
 NAME **ERNAR KUSSAINOV**
 STREET ADDRESS **5850 LAKEHURST DR**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: DATE **1-10-02** DAYTIME PHONE # **407-971-4442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083 (9/01)