

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91532 001 ***150.00

DOCUMENT # L00000013479

1. Entity Name

ATMPRE, LLC ✓

DO NOT WRITE IN THIS SPACE

867400

2. Principal Place of Business

7491 W Oakland Park Blvd

Suite, Apt. #, etc.

3. Mailing Address

7491 W Oakland Park Blvd

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Lauderhill, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEI Number

65-1054674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Teddy Lichtschein

Street Address (P.O. Box Number is Not Acceptable)

% Universal Health Management

7491 W Oakland Park Blvd.

City Lauderhill

FL

Zip Code

33301

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
MGRM	ELIEZER Scheiner	7491 W Oakland Park Blvd.	Lauderhill, FL 33301
MGRM	Ron Ostraff	17141 NE 13 Avenue	North Miami Beach, FL 33162
MGRM	Teddy Lichtschein	2 Carey Court	Wesley Hills, NY 10977
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leo Liberman

Date

4/29/02

Daytime Phone #

954-967-6500

CR2E034B (12/01)