

2000 UNIFORM BUSINESS REPORT (UBR)

0007813 AF

DOCUMENT # **A32373**

1. Entity Name

AIRPORT TERMINAL ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business
2295 CORPORATE BOULEVARD, N.W.
SUITE 222
BOCA RATON FL 33431

Mailing Address
2295 CORPORATE BOULEVARD, N.W.
SUITE 222
BOCA RATON FL 33431-7323



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0318195**

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRICK, NORTON
2295 CORPORATE BOULEVARD NW
SUITE 222
BOCA RATON FL 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: **\$990.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	V00955	STREET ADDRESS	Suite 222
NAME	HC TERMINAL, INC.	CITY - ST - ZIP	200003245382-9
STREET ADDRESS	2295 CORPORATE BLVD, NW		05/10/00-01003-001
CITY - ST - ZIP	BOCA RATON FL		***6750.00 ***150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *Howard Herrick* 4/17/00 561-241-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)