

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F85096

1. Entity Name

APPLIED TECHNOLOGY ASSOCIATES, INC.

R

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

07-13-2000 90017 001 \*\*\*150.00

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~~ Coral Springs,  
~~ORLANDO FL 32814~~ US  
FL 33071

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 32814~~ 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

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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) 346 9576  
Date Daytime Phone #

F85096

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