

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90136 049 ****50.00

DOCUMENT # L00000001629

1. Entity Name
MIL-ATLANTIC, LLC



| | |
|--|--|
| Principal Place of Business 3910 N. 56TH AVE. SUITE 103 HOLLYWOOD FL 33021 | Mailing Address 3910 N. 56TH AVE. SUITE 103 HOLLYWOOD FL 33021 |
|--|--|



CHECK HERE IF MAKING CHANGES

| | | | |
|--|--|---------|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country | Country |
|--|--|---------|---------|

4. FEI Number **65-0989983**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KORN, GARY A ESQ.
LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD., SUITE 501
AVENTURA FL 33180**

7. Name and Address of New Registered Agent
Name **PHILIP PEARLMAN**
Street Address (P.O. Box Number is Not Acceptable)
3910 N. 56th AVE., SUITE 103
City **HOLLYWOOD** FL Zip Code **33021**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Philip Pearlman* **Philip Pearlman** DATE **4/16/03**
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PEARLMAN, PHILIP 3910 N. 56TH AVE., SUITE 103 HOLLYWOOD FL 33021 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Philip Pearlman* **Philip Pearlman** DATE **4/16/03** DAYTIME PHONE # **954-893-3983**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)