

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000004116****1. Entity Name**
ATOM HOLDINGS, L.L.C.**FILED**
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90088 042 ****50.00

Principal Place of Business**1920 E. HALLANDALE BEACH BLVD.**
SUITE 616
HALLANDALE BEACH FL 33009**Mailing Address****1920 E. HALLANDALE BEACH BLVD.**
SUITE 616
HALLANDALE BEACH FL 33009**2. Principal Place of Business****1920 E. Hallandale Beach Blvd.**
Suite, Apt. #, etc. **BLVD.****Suite # 616****City & State**
Hallandale Beach, Florida**Zip**
33009**Country**
Broward**3. Mailing Address****1920 E. Hallandale Beach Blvd.**
Suite, Apt. #, etc.**Suite # 616****City & State**
Hallandale, Florida**Zip**
33009**Country**
Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0997965****Applied For****Not Applicable****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****MARK PERLMAN, PA**
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE BEACH FL 33009**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. I am familiar with, and accept the obligations of registered agent.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State
Due By September 25, 2002**9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FOWKES, THOMAS
200 LESLIE DRIVE #916
HALLANDALE FL 33009☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VEZINA, ANDRE
17,801 NORTH BAY ROAD #405
SUNNY ISLES FL 33160☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
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☐ Change ☐ Addition**TITLE**
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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-15-03 754-558-1038

CR2E083 (4/02)