

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006737

1. Entity Name
ATC, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -9 PM 3:55

Principal Place of Business
1800 MICANOPY AVENUE
MIAMI FL 33133

Mailing Address
1800 MICANOPY AVENUE
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3500 N. MIAMI AVE
Suite, Apt. #, etc.

3. Mailing Address
3500 N. MIAMI AVE
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33127

Country
USA

Zip
33127

Country
USA

4. FEI Number
Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
GAIL SCOPINICH, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
17071 WEST DIXIE Highway
North Miami Beach
City
FL
Zip Code
33160

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: GAIL SCOPINICH
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

9. MANAGING MEMBERS/MEMBERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|------------------|----------------|---------------------------------|
| MGR | VINCENT VENTO | 3500 N MIAMI AVE | MIAMI FL 33127 | <input type="checkbox"/> |
| MGR | MITCHELL T. VENTO | 3500 N MIAMI AVE | MIAMI FL 33127 | <input type="checkbox"/> |
| MGR | MARISSA A. VENTO | 2208 S MIAMI AVE | MIAMI FL 33129 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

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

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: MGR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date: 2/13/01 (305) 854-9544
Daytime Phone #

0009088 AF
CR2E083 (11/00)