

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000006737

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: ATC, LLC

Current Principal Place of Business:

3500 N. MIAMI AVENUE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

3500 N. MIAMI AVENUE
MIAMI, FL 33127

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOPINICH, GAIL
17071 WEST DIXIE HWY.
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

SCOPINICH, GAIL
801 NORTHEAST 167TH STREET, 2ND FLOOR
NORTH MIAMI BEACH, FL 33162 US

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

04/29/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VINCENT, VENTO
Address: 3500 N. MIAMI AVE.
City-St-Zip: MIAMI, FL 33127

Title: MGR () Delete
Name: VENTO, MARISSA A
Address: 3500 N. MIAMI AVE.
City-St-Zip: MIAMI, FL 33127

Title: MGR () Delete
Name: VENTO, MARISSA A
Address: 2208 S. MIAMI AVE.
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VINCENT VENTO

MGRM

04/29/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date