

2001 UNIFORM BUSINESS REPORT (UBR)

0027171 AF

DOCUMENT # L00000010346

1. Entity Name
CPV ATLANTIC LLC

FILED

01 APR 23 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10304 IRON GATE ROAD
POTOMAC MD 20854

Mailing Address
10304 IRON GATE ROAD
POTOMAC MD 20854



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8401 Colesville Rd.

3. Mailing Address
8401 Colesville Rd.

Suite, Apt. #, etc.
Suite 504

Suite, Apt. #, etc.
Suite 504

City & State
Silver Spring MD

City & State
Silver Spring MD

Zip
20910

Country

Zip
20910

Country

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

7. Name and Address of New Registered Agent

GRAGG, K. LAWRENCE
WHITE & CASE, LLP
200 S. BISCAYNE BOULEVARD, SUITE 4900
MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPV Atlantic Inc.
8401 Colesville Rd. Suite 504
Silver Spring MD 20910 MGRM

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
See Block 9

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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500004135365--2
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*****50.00 *****50.00

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STREET ADDRESS
CITY-ST-ZIP

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:

Douglas F. Egan 3/30/01 (240) 723-2302

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

Date

Daytime Phone #

CR2E083 (11/00)