

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90353 026 ****50.00

DOCUMENT # L01000012146

1. Entity Name

AMERICAN TERMINAL CORP LLC

Principal Place of Business

**200 SOUTH PARK ROAD
SUITE 340
HOLLYWOOD FL 33021**

Mailing Address

**200 SOUTH PARK ROAD
SUITE 340
HOLLYWOOD FL 33021**

909775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-H09430

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

**KIPNIS TESCHER LIPPMAN & VALINSKY, P.A.
100 NORTHEAST THIRD AVE. SUITE 610
FT. LAUDERDALE FL 33301-1165**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **CO-MANAGING MEMBER** ☐ Change ☒ Addition
NAME **DANIEL T. LIPPMAN**
STREET ADDRESS **200 SOUTH PARK ROAD # 340**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **CO-MANAGING MEMBER** ☐ Change ☒ Addition
NAME **DAVID FINGER**
STREET ADDRESS **200 SOUTH PARK ROAD # 340**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 #

CR2E083 (9/01)