

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000814

1. Entity Name

ATCOM COMMUNICATIONS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 16 AM 10:02

Principal Place of Business

4500 LAKE ROAD
MIAMI FL 33137

Mailing Address

4500 LAKE ROAD
MIAMI FL 33137

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

65-0624210

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

ATLAS, RUSSELL D
4550 LAKE ROAD
MIAMI FL 33137

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

400003369984-0

-08/23/00--01092--008

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR M
ATLAS, RUSSELL D
4500 LAKE ROAD
MIAMI FL 33137

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)