

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000208

1. Entity Name

ATLAS AIRPARTS INTERNATIONAL, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:37

Principal Place of Business

318 TAMiami TRAIL

#4

PUNTA GORDA FL 33950

Mailing Address

318 TAMiami TR

#4

PUNTA GORDA FL 33950-4870

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

65-0754694

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

DRESEL, ANABELLE Z

318 TAMiami TRAIL, UNIT 4

PUNTA GORDA FL 33950

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
MEM
DRESEL, EDWARD G
318 TAMiami TRAIL STE 4
PUNTA GORDA FL 33950 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
DRESEL, ANABELLE
318 TAMiami TRAIL
PUNTA GORDA FL 33950 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000003099820--7
-01/14/00--01103--026
*****\$55.00 *****\$55.00
☐ Change ☐ Addition

TITLE
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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

1/8/00 941-505-8383
Date Daytime Phone #

CP2E083 (9/99)