2001	UNIF	ORM	BUSINESS	REPORT	(UBR
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DOCU 1. Entity Nam	MENT # L970 0	00000208				FILE	D		
ATLAS AIRPARTS INTERNATIONAL, L.C.						01 MAR 22 PM 3: 57			
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
318 TAMIAMI TRAIL . 318 TAMIAMI TR									
PUNTA GORDA FL 33950 4870									
2. Principal Place of Business									
Suite, Apt. #, etc. Suite, Apt						DO NOT WRITE IN THIS SPACE			
Clty & State		City & State			4FEI Number 65-0754694 Applied For Not Applicable				
Zip Country		Zip Coun		ntry	5. Certificate of Status Desired Fee Requ		Fee Require		
	6. Name and Address of Curren	t Registered Agent		Name		e and Address of New Regis			
+DRECEL	ANABELLE-Z-			E.J		1 6. MRKS.	ec		
-318-TAM	AMI TRAIL, UNIT-4			Street Address (P.O. Box Number is Not Acceptable)					
PUNTA O	ORDA FL 33950	,					■ Zin Cod		
				City Yu	NTA	GORDA	FL Zigg	350	
8. The above	named entity submits this statement f	for the purpose of changing)	ts register	ed office or regis	tered agent,		,	[
SIGNATURE .	Signator-typed or printed name of registered ager	Need title if anglises ble (NC	TE: Begistere	d Agent signature requ	irad whan rainstat	3/z	0001		
	Signature typed or printed name or registered ager						DAIL		
		FILE N Make Check F		FEE IS \$50.0 to Department					
9.	MANAGING MEM	BERS/MEMBERS	10.			· ADDITIONS/CH/	ANGES		
TITLE	MEM	☐ Delete	TITL				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DRESEL, EDWARD G 318 TAMIAMI TRAIL STE 4 PUNTA GORDA FL 33950			EET ADDRESS '- ST-ZIP					
TITLE	FUNIA GUNDA FE 33930	☐ Delete	TITL	E		5000039 -03/30/0	30 B dianger	Addition	
NAME		•	NAM			-03/30/(*****50)]01021 _00 *****	-U28	
STREET ADDRESS CITY-ST-ZIP	•			EET ADDRESS (- ST-ZIP		************************************	1.UU ******		
TITLE		☐ Delete	TITL				☐ Change	☐ Addition	
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				EET ADORESS /- ST-ZIP					
TITLE		☐ Delete	TITL	E			☐ Change	Addition	
NAME		—· , ···	NAM						
STREET ADDRESS CITY-ST-ZIP		•		EET ADDRESS '-ST-ZIP					
TITLE		Delete	TITL				☐ Change	Addition	
NAME	ı		NAM			·	_ •	_	
STREET ADDRESS CITY-ST-ZIP	`			EET ADORESS /- ST-ZIP		;			
TITLE		Delete	TITL				☐ Change	Addition	
NAME	1	<i>y</i> —	NAM						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /- ST-ZIP					
11 Lbereby	certify that the information supplied wi	th this filing does not qualify t	or the eve	emption stated in	Section 119.	.07(3)(i), Florida Statutes. I furt	ther certify that the in	nformation	
indicatéd	on this report is true and accurate an bility company or the receiver or trusto	d that my signature shall have	e the same	e legal effect as i	f made unde	er oath; that I am a managing	member or manage	er of the	
SIGNAT	URE: SIGNA	118 2504		O)		3/20/01			
J. W. 171	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, N			SENTATIVE	Date	Daytime Phone #		