

2001 UNIFORM BUSINESS REPORT (UBR)

0005424 AF

DOCUMENT # L99000002138

1. Entity Name
ALLIED PROFESSIONS & TECHNOLOGIES, L.L.C.

FILED

01 FEB 21 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
390 N. ORANGE AVE., STE 800
ORLANDO FL 32801

Mailing Address
390 N. ORANGE AVE., STE 800
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3605824

Applied For
Not Applicable

Zip

Country

Zip

Country

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

REID, JOHN J
390 N. ORANGE AVE., STE 800
ORLANDO FL 32801

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 _____ (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
MGR RICHARD THORNTON ROBINSON
STREET ADDRESS 89 HIPPODROOMLAAN, 1933 STERREBEEK
CITY-ST-ZIP BELGIUM ☐ Delete

TITLE NAME
30000378290 ☒ Change ☐ Addition
-02/27/01--01088--017
*****55.00 *****55.00

TITLE NAME
MGR CHRISTIAN VAN DER EERDEN
STREET ADDRESS 55 RINGLAAN, 3080 TERVUREN
CITY-ST-ZIP BELGIUM ☐ Delete

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

TITLE NAME
MGRM FRANCOISE JOSEPH DU BUSQUIEL
STREET ADDRESS 39 HIPPODRAMMLAAN
CITY-ST-ZIP 1933 STERREBEEK BELGIUM ☐ Delete

TITLE NAME
MGRM FRANCOISE JOSEPH DU BUSQUIEL ☒ Change ☐ Addition
STREET ADDRESS 89 HIPPODROOMLAAN
CITY-ST-ZIP 1933 STERREBEEK BELGIUM

TITLE NAME
MGRM VERONIQUE MONETTE
STREET ADDRESS 55 RINGLAAN
CITY-ST-ZIP 3080 TERVUREN, BELGIUM ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
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: Richard T. Robinson RICHARD T. ROBINSON - MANAGER FEB. 12, 2001 011-33-3-27920800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)