

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004764

1. Entity Name
ATLAS TELECOM, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 14 AM 10:02

Principal Place of Business
C/O ONE OLD COUNTRY RD., SUTIE 250
CARLE PLACE NY 11514

Mailing Address
C/O ONE OLD COUNTRY RD., SUTIE 250
CARLE PLACE NY 11514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
36-435-1523

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

7. Name and Address of New Registered Agent

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

00000370080-8
-08/23/00-01098--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM BEDNAREK, PHILIPPE	C/O ONE OLD COUNTRY RD., SUTIE 250 CARLE PLACE NY 11514		
	MGRM ALFIERI, JEAN-MICHEL	C/O ONE OLD COUNTRY RD., SUTIE 250 CARLE PLACE NY 11514		
	MGRM COLLOT, BERNARD	C/O ONE OLD COUNTRY RD., SUITE 250 CARLE PLACE NY 11514		

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 OR MANAGER

7/17/90

Date

305423-4909

Daytime Phone #

CR2E083 (5/00)