

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99/7664

00 JUL 25 AM 9:27

1. Entity Name

ALLIANCE TECHNOLOGY PARTNERS, L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

150 ALHAMBRA CIRCLE
SUITE 800

Mailing Address

150 ALHAMBRA CIRCLE
SUITE 800

CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0936797

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

IGNACIO B. ZULUETA, P.A.

6255 BIRD ROAD

MIAMI, FL 33155

Name

PEDRO M. DE ARMAS

Street Address (P.O. Box Number is Not Acceptable)

150 ALHAMBRA CIRCLE

SUITE 800

City

CORAL GABLES

FL

Zip Code

33134

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

P. M. de Armas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/19/00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME BUSTAMANTE NUÑEZ & CO.
STREET ADDRESS 2100 PONCE DE LEON #1110
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE 600003343896 ☐ Add/Change
NAME -08/02/00--01005--017
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MORRISON, BROWN, ARIZ & CO
STREET ADDRESS 1001 BRICKELL BAY DR 9TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

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

TITLE MGR ☐ Delete
NAME VERDEJA & GRAVIER
STREET ADDRESS 150 ALHAMBRA CIRCLE #800
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE MGR ☐ Delete
NAME PTA PARTNERS, INC
STREET ADDRESS 150 ALHAMBRA CIRCLE #800
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE MGR ☐ Delete
NAME KETV6, INC
STREET ADDRESS 150 ALHAMBRA CIRCLE #800
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

7/5/00

Date

305 446-3177

Daytime Phone #

CR2E083 (1/1/99)