

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008603

DOCUMENT #

1. Entity Name

AT.FD, L.L.C.

FILED
00 MAR -8 PM 12:53
3/21

Principal Place of Business

1320 S. Dixie Highway
Suite 781
Coral Gables, FL 33146

Mailing Address

1320 S. Dixie Highway
Suite 781
Coral Gables, FL 33146

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

65-0982880

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARY L. BROWN, ESQ.
BEDZOW, KORN, BROWN, MILLER & ZEMEL, P.A.
20803 Biscayne Blvd., Suite 200
Aventura, Florida 33180

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
ALLEN R. GREENWALD, Manager ☐ Delete
STREET ADDRESS
1320 S. Dixie Highway
CITY- ST- ZIP
Suite 781
Coral Gables, FL 33146

TITLE ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME
2000003187652--5
STREET ADDRESS
-03/29/00--01005--007
CITY- ST- ZIP
*****50.00 *****50.00

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

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

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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: Allen R. Greenwald 2/28/00 (305)6674856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)