

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN - 85 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L99000008866

1. Entity Name

ATL UNIVERSAL MARKETING AND SALES, LLC

Principal Place of Business

13904 LAKESHORE BLVD.  
SUITE # 430  
HUDSON, FL 34667

Mailing Address

5723 WESTSHORE DR.  
NEW PORT RICHEY  
FL 34652

2. Principal Place of Business

13904 LAKESHORE BLVD  
Suite, Apt. #, etc. 430

3. Mailing Address

5723 WESTSHORE DR.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HUDSON

City & State

NEW PORT RICHEY

4. FEI Number

59-3636149

Applied For

Not Applicable

Zip

34667

Country

PASCO/USA

Zip

34652 FL

Country

PASCO/USA

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

Name

V. RAO (EMANDI)

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 PRESIDENT/DIRECTOR ☐ Delete  
NAME VARALAXHI, EMANDI, MGRM  
STREET ADDRESS 5723 WESTSHORE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE VICE PRESIDENT/DIRECTOR ☐ Delete  
NAME SANJAY K. EMANDI, MGRM  
STREET ADDRESS 5723 WESTSHORE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 100003298111--9  
STREET ADDRESS -06/20/00--01095--011  
CITY-ST-ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

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

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:

Varalakshmi Emandi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/29/2000

Date

727-808-0088

Daytime Phone #

CR2E083 (1/99)