LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBB)**

DOCUMENT # M00000000249

1. Entity Name

AMERICAN TRANSPORTATION GROUP LLC

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEN



Daytime Phone #

| DO NOT WRITE IN THIS SPACE | | | 30068263 | |
|---|-----------------------------|---|--|--|
| | | TAUL | | |
| 2. Principal Place of Business | S. Aailing Address 99 Vocan | AVE S | | |
| Suite, Apt. #, etc. | Suite, Apt. #, ptc. | | DO NOT WRITE IN THIS SPACE | |
| City & State | City & State | M | 4. FEI Number Applied For 52 - 220268 Not Applicable | |
| Zip _ (. Country | Zip | Country | 5. Certificate of Status Desired | \$5.00 Additional |
| 08830 05 | A 08830 | USA | 7. Name and Address of Current Registere | Fee Required |
| DO NOT WIDITE OF CT CORPORATION SYSTEM | | | | |
| DO NOT WRITE IN THIS SPACE | | Street Address (P.O. Box Number is Not Acceptable) ROAD | | |
| | 3 SPACE | | | |
| | | City PLAN | ITATION FL | Zip Code - 3332 4 |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title it applicable. DATE | | | | |
| FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 | | | | |
| 9. MANAG | GING MEMBERS/MANAGERS | TITLE | | |
| NAME MARIO | DA BOUE | NAME | | organia Registra (1905) - Paris Maria (1905) Maria (1905) - Paris Maria (1905) |
| STREET ADDRESS 99 WOOD CITY-ST-ZIP TS ELIM | NI 08830 | STREET ADDRESS | | |
| TITLE CFO | IRARRAZAVAL AVES. | TITLE NAME STREET ADDRESS | | |
| CITY-ST-ZIP ISELIN, | NJ ORE30 | CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | NAME STREET ADDRESS OITY-ST-ZIP | DO NOT WRI | TE |
| TITLE NAME | | TITLE NAME | IN THIS SPACE | |
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| TITLE | | TITLE | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | |
| SIGNATURE: | Min Statu | | 4/30/03 73, | 535-2600 |

TEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE