## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # M0200000100

AMERICAN TECHNOLOGY ASSOCIATES, LLC



04-21-2003 90115 038 \*\*\*\*50.00

**FILED** 

Apr 21, 2003 8:00 am Secretary of State

Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

1555 PALM BEACH LAKES BLVD., #1560 WEST PALM BEACH FL 33401

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2. Principal Place of Business	
	1. 1.
1555 PalmBeach	Laki

3. Mailing Address

1555 Palm Beach Lakes Blud

3340*1* 

4. FEI Number

65-1153764

CHECK HERE IF MAKING CHANGES

Applied For Not Applicable

5. Certificate of Status Desired 7. Name and Address of New Registered Agent

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, MICHAEL D 1555 PALM BEACH LAKES BLVD., #1560

WEST PALM BEACH FL 33401

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

City

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.	I am familiar with, and accept
	the obligations of registered agent.	
	1	

9.

TITLE

NAME

NAME STREET ADDRESS

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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

(NOTE: Registered Agent signature required when reinstating)

FL

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ☐ Addition MGRM ☐ Delete TITLE Change BERRY, WILLIAM E NAME 1655 Palm Beach Lakes Blvd # 416 STREET ADDRESS STREET ADDRESS 1555 PALM BEACH LAKES BLVD., #1560 CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, 7L 33401 WEST PALM BEACH FL 33401 MGRM ☐ Delete TITLE Change Addition

NAME

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME SANTI, FRANK STREET ADDRESS 3 WINCHESTER DRIVE CITY-ST-ZIP SEWELL NJ 08080 TITLE

☐ Delete

☐ Delete

☐ Delete

☐ Delete

NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

☐ Change Addition

Change

Change

Addition

Addition

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 to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

Daytime Phone #



## We Are Moving!

As Business Expands, So Must We

## New Address:

5154 Okeechobee Blvd. Suite 202 West Palm Beach, FL 33417

(561) 688-1234