

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026718 AF

**DOCUMENT # M98000000863**

1. Entity Name  
**TRANSACTIONAL DATA SOLUTIONS, LLC**

FILED

01 MAR 23 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
ATTN: GREG MAZZANOBILO  
2000 PURCHASE STREET  
PURCHASE NY 10577

Mailing Address  
ATTN: GREG MAZZANOBILO  
2000 PURCHASE STREET  
PURCHASE NY 10577



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

700 West Hillsboro Blvd  
Suite, Apt. #, etc.  
#4-201

700 West Hillsboro Blvd  
Suite, Apt. #, etc.  
#4-201

City & State

City & State

Deerfield Beach, FL

Deerfield Beach, FL

4. FEI Number

13-4017264

Applied For  
Not Applicable

Zip

Country

USA

Zip

Country

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

MAZZANOBILO, G.  
700 W. HILLSBORO BLVD.  
BLDG. 4, SUITE 201  
DEERFIELD BEACH FL 33441-1620

Name William E. Engel  
Street Address (P.O. Box Number is Not Acceptable)  
700 West Hillsboro Blvd, #4-201  
City Deerfield Beach FL Zip Code 33441

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 \_\_\_\_\_ (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

10. ADDITIONS/CHANGES

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KISSINGER, T<br>2000 PURCHASE STREET<br>PURCHASE NY 10577                          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GORE, F<br>2000 PURCHASE STREET<br>PURCHASE NY 10577                               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MAZZANOBILO, G<br>2000 PURCHASE STREET<br>PURCHASE NY 10577                        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>LIVEK, W<br>700 WEST HILLSBORO BLVD., BLDG. 4, STE.201<br>DEERFIELD BEACH FL 33441 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ENGEL, W<br>700 WEST HILLSBORO BLVD., BLDG. 4, STE.201<br>DEERFIELD BEACH FL 33441 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 300003930833<br>-03/29/01--01100--021<br>*****50.00 *****50.00 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William E. Engel Mgr. 3-7-01 (954)427-4104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)