

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002466

1. Entity Name

AMERICAN CONNECTIONS FLORIDA, L.L.C.

FILED

Principal Place of Business

110 CROSSWAYS PARK DRIVE  
WOODBURY NY 11797

Mailing Address

110 CROSSWAYS PARK DRIVE  
WOODBURY NY 11797

01 AUG 17 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5601 N. POWERLINE RD

Mailing Address

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

Zip

33309

Country

BROWARD

Zip

Country

4. FEI Number

11-3544759

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
4435 OLD WINTER GARDEN RD.  
ORLANDO FL 32811

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  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MANAGING DIRECTOR  
JOHN NAPOLEONE  
6626 NW 127TH TERRACE  
PARKLAND FL 33076

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MANAGING DIRECTOR  
SANJAY TANDEM  
110 CROSSWAYS PARK DRIVE  
WOODBURY NY 11797

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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\*\*\*\*\*55.00 \*\*\*\*\*55.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/14/01

454-771-7711

Date

Daytime Phone #

CR2E083 (5/01)