

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000002466**

1. Entity Name
AMERICAN CONNECTIONS FLORIDA, L.L.C.

FILED

01 AUG 17 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**110 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**

Mailing Address
**110 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**



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
LAUDERDALE, FL

City & State

4. FEI Number
11-3544759

Applied For
Not Applicable

Zip
33309

Country
BROWARD

Zip

Country

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

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

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 Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **MANAGING DIRECTOR**
STREET ADDRESS **JOHN NAPOLETANO**
CITY-ST-ZIP **6626 NW 127TH TERRACE
PARKLAND FL 33076**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **MANAGING DIRECTOR**
STREET ADDRESS **SANJAY TANDEM**
CITY-ST-ZIP **110 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **800004547478--2
-08/21/01--01071--020
*****55.00 *****55.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date **8/14/01** Daytime Phone # **954-771-7711**

CR2E083 (5/01)