

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007619 AF

DOCUMENT # L00000010149

1. Entity Name  
FUTURE CONNECTIONS, L.L.C.

FILED

01 MAR 28 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7567 NW 25TH STREET  
MARGATE FL 33063

Mailing Address

7567 NW 25TH STREET  
MARGATE FL 33063

2. Principal Place of Business

10450 N.W. 31 Terr.  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

33172

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORSHAN, PAUL L P.A.  
% DUANE, MORRIS & HECKSCHER LLP  
200 S. BISCAYNE BLVD., SUITE 340  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

YOUNG, RAYMOND S.

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

10450 N.W. 31 Terrace

City

MIAMI

FL

Zip Code  
33172

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

3/23/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

600003993076--7  
-04/12/01--01007--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete  
NAME ORSHAN, DAVID R  
STREET ADDRESS 7567 NW 25TH STREET  
CITY-ST-ZIP MARGATE FL 33063

TITLE MGR ☐ Delete  
NAME YOUNG, RAYMOND S  
STREET ADDRESS 7567 NW 25TH STREET  
CITY-ST-ZIP MARGATE FL 33063

TITLE MGR ☐ Delete  
NAME GONZALEZ, CYNTHIA O  
STREET ADDRESS 7567 NW 25TH STREET  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10450 N.W. 31 Terr  
CITY-ST-ZIP Miami, FL. 33172

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10450 N.W. 31 Terr.  
CITY-ST-ZIP Miami, FL. 33172

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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: X SIGNATURE REQUIRED

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

Date

Daytime Phone #

3/23/01 (305) 874-4333

CR2E083 (11/00)