

2000 UNIFORM BUSINESS REPORT (UBR)

0006688 AF

DOCUMENT # L96000001067

1. Entity Name
COLANGELO, STONE & TEMPCHIN ASSOCIATES L.C.

FILED

00 FEB -2 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1130 S. POWERLINE ROAD
DEERFIELD BEACH FL 33442
Suite 105

Mailing Address
1130 S. POWERLINE ROAD
DEERFIELD BEACH FL 33442-8173
Suite 105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.
Suite 105

City & State

City & State

4. FEI Number
65-0700847

Applied For
Not Applicable

Zip Country

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

~~STONE, BARRY~~
~~1130 S. POWERLINE ROAD~~
~~DEERFIELD BEACH FL 33442~~

Name *JASON J. COLANGELO*
Street Address (P.O. Box Number is Not Acceptable)
1130 S. Powerline Rd Suite 105
City *DEERFIELD BEACH* FL Zip Code *33442*

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

(NOTE: Registered Agent signature required when reinstating)

1/31/00
DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE *MGRM* ☒ Delete
NAME *STONE, DONNA J*
STREET ADDRESS *8782 NW 75TH COURT*
CITY- ST- ZIP *TAMARA FL 33321*

TITLE ☐ Change ☐ Addition
NAME *200003123522-7*
STREET ADDRESS *-02/04/00--01004--014*
CITY- ST- ZIP ******50.00 *****50.00*

TITLE *MGRM* ☒ Delete
NAME *COLANGELO, JOSEPH*
STREET ADDRESS *2484 NW 66TH DRIVE*
CITY- ST- ZIP *BOCA RATON FL 33496*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE *MGRM* ☐ Delete
NAME *TEMPCHIN, LEONARD*
STREET ADDRESS *7600 NW 87TH WAY*
CITY- ST- ZIP *TAMARAC FL 33321*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE *MGRM* ☐ Change ☒ Addition
NAME *JASON COLANGELO*
STREET ADDRESS *1130 S. POWERLINE Rd Suite 105*
CITY- ST- ZIP *DEERFIELD BEACH, FL 33442*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE *MGRM* ☐ Change ☒ Addition
NAME *DARREN COLANGELO*
STREET ADDRESS *1130 S. POWERLINE Rd Suite 105*
CITY- ST- ZIP *DEERFIELD BEACH, FL 33442*

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]* *(JASON J. COLANGELO)* *1/31/00 (954) 224-8700*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)