

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001067
1. Entity Name
 COLANGELO, STONE & TEMPCHIN ASSOCIATES L.C.

FILED
 01 FEB 21 PM 2:14
 2/21

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

Mailing Address
 1130 S. POWERLINE ROAD
 SUITE 105
 DEERFIELD BEACH FL 33442

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

COLANGELO, JASON J
 1130 S. POWERLINE RD., SUITE 105
 DEERFIELD BEACH FL 33442

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 _____ (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 MGRM
NAME COLANGELO, JASON
STREET ADDRESS 1130 S. POWERLINE RD., SUITE 105
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

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

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

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

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

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

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

2-14-01 561-212-6029
 Date Daytime Phone #

CR2E083 (11/00)