

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001875

1. Entity Name

CONNEXT, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -7 AM 10: 02

Principal Place of Business

4000 NORTH CYPRESS DRIVE, #105  
POMPANO BEACH FL 33069-4155

Mailing Address

4000 NORTH CYPRESS DRIVE, #105  
POMPANO BEACH FL 33069-4155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

65-0868221

4. FEI Number

APPLIED FOR

Applied For  
Not Applicable

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

BRUMMER, GEORGE

4000 NORTH CYPRESS DRIVE, #105  
POMPANO BEACH FL 33069-4155

Name

FRANCISCO TOSTA

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

3105 NORTH PALM AIRE DRIVE.

City POMPANO BEACH.

FL

Zip Code  
33069

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BRUMMER, GEORGE  
STREET ADDRESS 4000 NORTH CYPRESS DRIVE, #105  
CITY-ST-ZIP POMPANO BEACH FL 33069-4155

☒ Delete

TITLE MGR  
NAME TOSTA, FRANCISCO  
STREET ADDRESS 3105 PALM-AIRE DRIVE NORTH  
CITY-ST-ZIP POMPANO BEACH FL 33069-3803

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition  
100003354081--5  
-08/11/00-01083--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 REQUIRED

07-15-00

954/971-4566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)