

2001 UNIFORM BUSINESS REPORT (UBR)

0007897 AF

DOCUMENT # L98000001875

1. Entity Name
CONNEXT, L.C.

FILED

01 FEB 22 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
3105 N. PALM AVE DR
Suite, Apt. #, etc.

3. Mailing Address
3105 N. PALM AVE DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH
Zip FL

City & State
POMPANO BEACH
Zip 33069 Country USA

4. FEI Number 65-0868221
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TOSTA, FRANCISCO
3105 NORTH PALM AIR DRIVE
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name FRANCISCO TOSTA
Street Address (P.O. Box Number is Not Acceptable)
3105 N. PALM AVE DR
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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOSTA, FRANCISCO 3105 PALM-AIRE DRIVE NORTH POMPANO BEACH FL 33069-3803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003768122-01 -02/26/01--01150--014 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: FRANCISCO TOSTA

02-17-01 954-9714566

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

Date

Daytime Phone #

CR2E083 (11/00)