

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012491 AF

DOCUMENT # L99000001248

1. Entity Name  
SENIOR SHOPPING NETWORK, L.L.C.

FILED

01 FEB 22 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1126 SOUTH FEDERAL HIGHWAY, SUITE 259  
FT. LAUDERDALE FL 33316

Mailing Address  
~~1126 SOUTH FEDERAL HIGHWAY, SUITE 259~~  
~~FT. LAUDERDALE FL 33316~~

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
1515 N. FEDERAL HWY.  
Suite, Apt. #, etc.  
SUITE 222

City & State  
BOCA RATON, FL

4. FEI Number 65-0909818  
Applied For  
Not Applicable

Zip Country Zip Country  
33432

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

## 6. Name and Address of Current Registered Agent

CONRAD, EDWARD C  
1700 S.E. 9TH STREET  
FT. LAUDERDALE FL 33316

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
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/MEMBERS

TITLE MGR  
NAME CONRAD, EDWARD C  
STREET ADDRESS 1700 S.E. 9TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE  
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CITY-ST-ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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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: Edward Conrad 2/17/01 561-391-1411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)