

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002644

1. Entity Name  
UNITED CONSUMERS NETWORK, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 19 PM 4:12

Principal Place of Business  
40 CEDAR CIRCLE  
BOYNTON BEACH FL 33462

Mailing Address  
40 CEDAR CIRCLE  
BOYNTON BEACH FL 33462



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business  
14545 J Military Tr.  
Suite, Apt. #, etc.

3. Mailing Address  
14545 J Military Tr.  
Suite, Apt. #, etc.

City & State  
Delray Bch, FL  
Zip 33445 Country USA

City & State  
Delray Beach, FL  
Zip 33445 Country USA

4. FEI Number  
145-0918804

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CURTIS, JEANNE M  
40 CEDAR CIRCLE  
BOYNTON BEACH FL 33462

## 7. Name and Address of New Registered Agent

Name  
CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 Se Pine Island Rd.  
City Plantation FL Zip Code 33324

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 PETER F. SOUZA  
Signature, typed or printed name of registered agent and title if applicable. ASSISTANT SECRETARY  
(NOTE: Registered Agent signature required when reinstating.) DATE 7/14/00

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

000003334960--6  
-07/25/00--01052--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURTIS, JEANNE M 40 CEDAR CIRCLE BOYNTON BEACH FL 33462	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	14545 J Military Tr. Delray Bch, FL 33445	<input checked="" 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
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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: 7/12/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)