

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 24 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005542

1. Entity Name  
FINANCIAL CONNECTIONS OF SOUTH FLORIDA, L.L.C.

Principal Place of Business

8293 SUNSET STRIP, #236  
SUNRISE FL 33322

Mailing Address

8293 SUNSET STRIP, #236  
SUNRISE FL 33322-9058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6250 W. Oakland Park Blvd.  
Suite, Apt. #, etc.  
#8

3. Mailing Address

6250 W. Oakland Park Blvd.  
Suite, Apt. #, etc.  
#8

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-0939926

Applied For

Not Applicable

Zip

33313

Country

US

Zip

33313

Country

US

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JUMPINGJAXTAX.COM, INC.  
8551 WEST SUNRISE BLVD. #102  
PLANTATION FL 33322-4007

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CLAIRE, FRANKLIN  
8293 SUNSET STRIP, #236  
SUNRISE FL 33322

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6250 West Oakland Park Blvd.  
Sunrise, FL 33313

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003282694-9  
-06/09/00-01063-021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

3/17/2000 800-203-2347

001215 AF

6616 083 9/99