

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90726 010 ****50.00

DOCUMENT # L99000Q05542

1. Entity Name

FINANCIAL CONNECTIONS OF SOUTH FLORIDA, LLC

DO NOT WRITE IN THIS SPACE

867541

2. Principal Place of Business

6250 WEST OAKLAND PARK BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1940 HARRISON ST.

Suite, Apt. #, etc.

STE. 2

City & State

SUNRISE FL

STE. 201-B

City & State

HOLLYWOOD, FL

DO NOT WRITE IN THIS SPACE

Zip

Country

33313

USA

Zip

Country

33020-5072

USA

4. FEI Number

65-0939926

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JUMPINGJAXTAX.COM, INC.

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

1940 HARRISON ST.

STE. 201-B

City

HOLLYWOOD

FL

Zip Code

33020-5072

**DO NOT WRITE
IN THIS SPACE**

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

JOHN J. MALERBA, CEO

04/30/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
FRANK CLAR
5860 NW 18 CT.
SUNRISE, FL 33313

TITLE
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CITY - ST - ZIP

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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

FRANK CLARE, MANAGER

04/30/2002

800-203-2347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)