

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000007455****1. Entity Name**

ADELPHIA CAPITAL MANAGEMENT, LLC

Principal Place of Business

4792 WEST COMMERCIAL BLVD.

FT. LAUDERDALE
33319

FL

Mailing Address

4792 WEST COMMERCIAL BLVD.

FT. LAUDERDALE
33319

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0962779**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**LELLOS DIMITRIOS
4792 WEST COMMERCIAL BLVD.FT. LAUDERDALE
33319

US

FL

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)

02/06/2001

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LELLOS DIMITRIOS 4792 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: DIMITRIOS LELLOS**

MGR

02/06/2001

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

Date

Daytime Phone #

CR2E083 (11/00)