

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90254 029 ****55.00

DOCUMENT # L99000007455

1. Entity Name

ADELPHIA CAPITAL MANAGEMENT, LLC

Principal Place of Business

**4792 WEST COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33319**

Mailing Address

**4792 WEST COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33319**

2. Principal Place of Business

2900-UNIVERSITY DRIVE.

3. Mailing Address

2900-UNIVERSITY DRIVE.

Suite, Apt. #, etc.

SUITE 54.

Suite, Apt. #, etc.

SUITE 54.

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

USA.

Zip

33065

Country

USA.

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

**LELLOS, DIMITRIOS
 4792 WEST COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name

DIMITRIOS LELLOS.

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

2900-UNIVERSITY DRIVE. SUITE 54.

City

CORAL SPRINGS

FL

Zip Code

33065

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 **DIMITRIOS LELLOS**

PRESIDENT

01-18-02.

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR.** ☒ Change ☐ Addition
 NAME **LELLOS, DIMITRIOS.**
 STREET ADDRESS **2900-UNIVERSITY DRIVE. SUITE 54.**
 CITY-ST-ZIP **CORAL SPRINGS, FL. 33065.**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE REQUIRED

DIMITRIOS LELLOS.

01-18-02.

954-753-4960.

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

Date

Daytime Phone #

CR2E083 (9/01)