

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000008482  
**1. Entity Name**  
 TOM FALLETTA & ASSOCIATES, L.L.C.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 MAR 20 AM 8:52

**Principal Place of Business** Mailing Address  
 7326 WOODKNOT COURT  
 Orlando, FL 32835-2705

**2. Principal Place of Business** **3. Mailing Address**  
 as above as above  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

mf 3/27/00

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-263-0634 **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Jonathan B. Aiper PA  
 274 Kipling Court  
 Heathrow, FL 32746

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

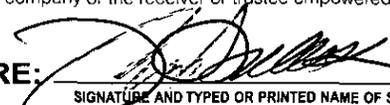
**9. MANAGING MEMBERS/MEMBERS**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. CONDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS S. FALLETTA MGRM	
STREET ADDRESS	7326 WOODKNOT COURT	
CITY-ST-ZIP	ORLANDO FL 32835-2705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003191833-4	
STREET ADDRESS	-03/31/00--01064--021	
CITY-ST-ZIP	*****55.00 *****55.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **THOMAS S. FALLETTA** 2/24/00 407-298-1250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/199)