

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000863

1. Entity Name

TRANSACTIONAL DATA SOLUTIONS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business

ATTN: GREG MAZZANOILE
2000 PURCHASE STREET
PURCHASE NY 10577

Mailing Address

ATTN: GREG MAZZANOILE
2000 PURCHASE STREET
PURCHASE NY 10577



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4017264

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAZZANOILE, G.
700 W. HILLSBORO BLVD.
BLDG. 4, SUITE 201
DEERFIELD BEACH FL 33441-1620

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KISSINGER, T
2000 PURCHASE STREET
PURCHASE NY 10577 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003350501--6
-08/09/00--01032--016
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GORE, F
2000 PURCHASE STREET
PURCHASE NY 10577 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MAZZANOILE, G
2000 PURCHASE STREET
PURCHASE NY 10577 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LIVEK, W
700 WEST HILLSBORO BLVD., BLDG. 4, STE.201
DEERFIELD BEACH FL 33441 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ENGEL, W
700 WEST HILLSBORO BLVD., BLDG. 4, STE.201
DEERFIELD BEACH FL 33441 ☐ 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

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

7/11/00

914-249-4612

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

Date

Daytime Phone #

CR2E083 (5/00)