2000 UNIFORM BUSINESS REPORT (UBR)

7/17/

FILED
Aug 31, 2000 8:00 am
Secretary of State
07-13-2000 90017 003 ****61.25

DOCUMENT # N99000000533

1. Entity Name

TEEN CONNECT INC.

Principal Place of Business	Mailing Address
515 HOLIDAY DRIVE HALLANDALE FL 33009	515 HOLIDAY DRIVE HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Hallandale, FL	515 Holiday Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale FL	City & State: Hallandale, FL
Zip: 33009 Country: USA	Zip: 33009 Country: USA

4. FEI Number — ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CIFFO, TRISHA L 515 HOLIDAY DRIVE HALLANDALE FL 33009	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: Trisha L Ciffo Trisha L. Ciffo 7-6-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
TITLE: President NAME: ALFRED F. CIFFO III "D" STREET ADDRESS: 515 HOLIDAY DRIVE CITY-ST-ZIP: HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: SECRETARY/TREASURER NAME: TRISHA L. CIFFO "D" STREET ADDRESS: 515 HOLIDAY DRIVE CITY-ST-ZIP: HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VICE PRESIDENT NAME: ALEXANDER P. CIFFO "D" STREET ADDRESS: 515 HOLIDAY DRIVE CITY-ST-ZIP: HALLANDALE, FL 33009	☐ 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

CR2E037 (5/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Trisha L Ciffo Trisha L. Ciffo 7-6-00 954 456-7779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #