

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000000533**1. Entity Name
TEEN CONNECT INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
<input checked="" type="checkbox"/> Not Applicable

Zip Country

Zip Country

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 **02/06/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.259. 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	VPD	<input type="checkbox"/> Delete
NAME	CLIFFO ALEXANDER P	
STREET ADDRESS	515 HOLIDAY DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CLIFFO TRISHA L	
STREET ADDRESS	515 HOLIDAY DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LIFFO ALFRED FIII	
STREET ADDRESS	515 HOLIDAY LANE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIFFO ALEXANDER P	
STREET ADDRESS	515 HOLIDAY DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIFFO TRISHA L	
STREET ADDRESS	515 HOLIDAY DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIFFO ALFRED FIII	
STREET ADDRESS	515 HOLIDAY LANE	
CITY-ST-ZIP	HALLANDALE FL 33009	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Cliffo

STD

02/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)