

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052456

1. Entity Name

CULTURAL CONNECTIONS, INC

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90206 005 \*\*\*150.00

Principal Place of Business

7759 154TH COURT NORTH  
PALM BEACH GARDENS FL 33418  
US

Mailing Address

7759 154TH COURT NORTH  
PALM BEACH GARDENS FL 33418  
US

2. Principal Place of Business

C/O W.J. TREMBLAY P.A.

Suite, Apt. #, etc.

1801 S FEDERAL HIGHWAY STE 219

City & State

DELRAY BEACH, FL.

Zip

33483

Country

USA

3. Mailing Address

C/O W.J. TREMBLAY P.A.

Suite, Apt. #, etc.

1801 S FEDERAL HIGHWAY STE 219

City & State

DELRAY BEACH, FL.

Zip

33483

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0592782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TREMBLAY, W.J. PA  
1801 S FEDERAL HIGHWAY  
SUITE 219  
DELRAY BEACH FL 33483

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTS  
NAME KENNY, MICHAEL A  
STREET ADDRESS 7759 154TH COURT NORTH  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE VPD  
NAME KENNY, JOYCE ANN C  
STREET ADDRESS 60 GLENBROOK ROAD  
CITY-ST-ZIP NEW PROVIDENCE NJ 07974 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. KENNY

11/31/01

Date

561-243-6355

Daytime Phone #

CR2E034 (10/00)

0295063