

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90131 019 ***150.00

DOCUMENT # P95000052456



1. Entity Name
CULTURAL CONNECTIONS, INC

Principal Place of Business
**1801 S FEDERAL HWY STE 215
SUITE 219
DELRAY BEACH FL 33483
US**

Mailing Address
**1801 S FEDERAL HWY STE 215
SUITE 219
DELRAY BEACH FL 33483
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0592782**

Applied For
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

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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)(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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



W. J. Tremblay, P.A. Attachment

90073181

Internal Revenue Representation
Audit • Collection • Appeals

#P95000052456

1801 S. Federal Highway, Ste. 219, Delray Beach, Florida 33483

(561) 243-6355

CULTURAL CONNECTIONS, INC.

C/O MICHAEL KENNY

7759 154TH CT. N.

PALM BEACH GARDENS, FL. 33418

Date:

03/06/03

FOR PROFESSIONAL SERVICES IN CONNECTION WITH:

Internal Revenue Representation

☐ Audit ☐ Collections ☐ Appeals ☐ Retainer

Tax Conference and/or Business Conference

Personal or budget financial planning conference with related work & recommendations

Management advisory service

Initial set up fee of books of original entry (min. \$300)

Write up service for month(s) of _____, 20____

Income Tax Preparation for 20____

☐ Personal ☐ Corporation ☐ Partnership

Payroll tax service for ☐ month(s) and/or ☐ quarter ending _____, 20____

☒ Computer charges/typing ☐ Priority & review processing ☒ Postage * INC.

☐ Mo. Acctng. Retainer for:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Other ANNUAL REPORT 01/01/2003 * 50.00

Retainer: Check # _____ Date: _____

BALANCE DUE \$ 50.00

PAYMENT DUE UPON PRESENTATION OF INVOICE

A \$25.00 service fee will be charged on all returned checks

TAXPAYERS
COPY