

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90344 043 \*\*\*150.00

**DOCUMENT # P96000003428**

1. Entity Name

**FINANCIAL PARTNERS OF AMERICA INCORPORATED**

Principal Place of Business

1250 E. HALLANDALE BEACH  
BLVD. - SUITE 608  
HALLANDALE FL 33009

Mailing Address

1250 E. HALLANDALE BEACH  
BLVD. - SUITE 608  
HALLANDALE FL 33009-4638

2. Principal Place of Business

3. Mailing Address

7320 NW 39<sup>th</sup> STREET  
Suite, Apt. #, etc.

7320 NW 39<sup>th</sup> STREET  
Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE, FL

Zip

33319 BROWARD

Zip

33319 BROWARD

4. FEI Number

65-0632157

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

DONNELLAN, THOMAS J JR  
1250 E. HALLANDALE BEACH BLVD.  
SUITE 608  
HALLANDALE FL 33009

Name

DONNELLAN, THOMAS J. JR

Street Address (P.O. Box Number is Not Acceptable)

7320 NW 39<sup>th</sup> STREET

City

FT LAUDERDALE

FL

Zip 33319

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 *Thomas J. Donnellan, Jr*

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

THOMAS J. DONNELLAN, JR

(NO Notarized Agent Signature Required when reinstating)

DATE 3/27/01

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

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**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD  
NAME MONTAGNE, JULIUS  
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD. STE 608  
CITY-ST-ZIP HALLANDALE FL 33009-4638

TITLE SD  
NAME MONTAGNA, JULIUS  
STREET ADDRESS 7320 NW 39<sup>th</sup> STREET  
CITY-ST-ZIP FT LAUDERDALE, FL 33319

TITLE D  
NAME CHEN, TOM  
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD. STE 608  
CITY-ST-ZIP HALLANDALE FL 33009-4638

TITLE D  
NAME CHEN, TOM  
STREET ADDRESS 7320 NW 39<sup>th</sup> STREET  
CITY-ST-ZIP FT LAUDERDALE, FL 33319

TITLE S  
NAME TUCCI, FRANK D  
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD. STE 608  
CITY-ST-ZIP HALLANDALE FL 33009-4638

TITLE S  
NAME TUCCI, FRANK D.  
STREET ADDRESS 7320 NW 39<sup>th</sup> STREET  
CITY-ST-ZIP FT LAUDERDALE, FL 33319

TITLE PSDS  
NAME DONNELLAN, THOMAS J JR  
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD. STE 608  
CITY-ST-ZIP HALLANDALE FL 33009-4638

TITLE PSDS  
NAME DONNELLAN, THOMAS J. JR.  
STREET ADDRESS 7320 NW 39<sup>th</sup> STREET  
CITY-ST-ZIP FT LAUDERDALE, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Thomas J. Donnellan, Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J. DONNELLAN, JR

Date

PRESIDENT

954-578-9948

Daytime Phone #

CR2E034 (10/00)