

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90138 007 ***150.00

DOCUMENT # P99000018656

1. Entity Name

FINANCIAL PARTNERS OF AMERICA/HALLANDALE, INC.

FINANCIAL PARTNERS OF AMERICA, FLORIDA, IN

Principal Place of Business

1250 E. HALLANDALE BEACH BLVD. #608
HALLANDALE FL 33009

Mailing Address

1250 E. HALLANDALE BEACH BLVD. #608
HALLANDALE FL 33009

2. Principal Place of Business

7320 NW 39th STREET
Suite, Apt. #, etc.

3. Mailing Address

7320 NW 39th STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

4. FEI Number

59-3562384

Applied For

Not Applicable

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

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. #608
HALLANDALE FL 33009

Name *DONNELLAN, THOMAS J. JR.*

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

7320 NW 39th STREET

City *FT LAUDERDALE*

FL

Zip Code

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. 3/22/01
(NOTE: Registered Agent signature required when reinstating) *PRESIDENT* DATE

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	D	<input type="checkbox"/> Delete
NAME	DONNELLAN, THOMAS J JR.	
STREET ADDRESS	1250 E. HALLANDALE BEACH BLVD. #608	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>S/D/P/S</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>DONNELLAN, THOMAS J. JR.</i>	
STREET ADDRESS	<i>7320 NW 39th STREET</i>	
CITY-ST-ZIP	<i>FT LAUDERDALE, FL 33319</i>	
TITLE	<i>S/V/P</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>VIRGINIA G DONNELLAN</i>	
STREET ADDRESS	<i>7320 NW 39th STREET</i>	
CITY-ST-ZIP	<i>FT LAUDERDALE, FL 33319</i>	
TITLE	<i>S/D/I/T</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>DOROTHY D MAYS</i>	
STREET ADDRESS	<i>7320 NW 39th STREET</i>	
CITY-ST-ZIP	<i>FT LAUDERDALE, FL 33319</i>	
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		

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

3/22/01
Date

954-578-9948
Daytime Phone #

CR2E034 (10/00)