

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

192
0000972
AT

DOCUMENT # A01000000376

1. Entity Name
FIVE C'S FAMILY LTD.



FILED

03 SEP 19 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10303 S.W. 26TH STREET
DAVIE FL 33324

Mailing Address
10303 S.W. 26TH STREET
DAVIE FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number 65-0311110

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

COHN, ALAN B
% ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD FL 33022

Name

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

100023179061
09/19/03--01008--002 **526.25

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.

DATE

9. Capital Contributions as Shown on record. \$3,500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COHEN, LEONARD
10303 S.W. 26TH STREET
DAVIE FL 33324

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COHEN, BRANDY
10303 S.W. 26TH STREET
DAVIE FL 33324

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/5/03

954 476 7004

Date

Daytime Phone #

CR2E003 (4/03)

282

September 9, 2003

Florida Dept. of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Re: 2003 Limited Partnership
Uniform Business Report (UBR)

Enclosed please find my check in the amount of \$ 526.25.

I never received a first or second notice, the enclosed form is the only notice I received from you.

Last year I paid \$ 926.25, I did not understand at the time I was paying a \$ 400.00 penalty. Again, I only received one notice in 2002.

Please send me a notice prior to May. 1, I will mark my calendar for payment as well. I spoke with my attorney, Alan Cohn, his firm did not receive any notice as well.

Thank you for your help with this matter.



Leonard Cohen
F.E.I. # 65-03111-10

10303 SW 26 St.
Davie, Fl. 33324

954-476-7004

CENT. MAIL
RETURN REC.