

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002750 AF

**DOCUMENT # A98000002837**

1. Entity Name  
**PORT 5, LTD.**

**FILED**

2001 JUN -8 PM 4:47

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1812 S.W. 31 AVENUE  
PEMBROKE PARK FL 33009**

Mailing Address  
**1812 S.W. 31 AVENUE  
PEMBROKE PARK FL 33009**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**65-0914441**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COBER CORPORATE AGENTS, INC.  
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR  
MIAMI FL 33133**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$20,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	<b>P98000106115</b>
NAME	<b>PORT 5, INC.</b>
STREET ADDRESS	<b>1812 S.W. 31 AVENUE</b>
CITY-ST-ZIP	<b>PEMBROKE PARK FL 33009</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>FF \$141.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300004376513-7</b>
CITY-ST-ZIP	<b>-06/08/01--01001--028</b>
STREET ADDRESS	<b>****141.25 ****141.25</b>
CITY-ST-ZIP	
STREET ADDRESS	<b>h</b>
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)(l), 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: Charles M. Kelsey Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/01

Date

954 981 8073

Daytime Phone #

CR2E003 (11/00)