

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008897 AT

**DOCUMENT # A98000002837**

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

**FILED**  
**2002 APR 29 PM 2:37**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**



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

**DUE BY MAY 1, 2002**

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: **Angela Kelsey**

Street Address (P.O. Box Number is Not Acceptable): **1812 SW 31st Ave**

City: **Pembroke Park** FL Zip Code: **33209**

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: Angela Kelsey **Angela Kelsey** # 4/15/02 DATE

9. Capital Contributions as Shown on record: **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
CITY-ST-ZIP	
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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: Charles M Kelsey Jr **Charles M Kelsey Jr** 4/15/02 9549818073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)