

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082019

1. Entity Name  
5780, INC.

FILED  
00 SEP 25 PM 2: 13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
200 S. BISCAYNE BLVD., SUITE 2420  
MIAMI FL 33131

Mailing Address  
200 S. BISCAYNE BLVD., SUITE 2420  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3250 MARY STRAAT  
Suite, Apt. #, etc.  
#308

3. Mailing Address  
3250 MARY STRAAT  
Suite, Apt. #, etc.  
#308

City & State  
COCONUT GROVE FL

City & State  
COCONUT GROVE FL

4. FEI Number  
65-0878185

Applied For  
 Not Applicable

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

Zip  
33133

Country  
USA

Zip  
33133

Country  
USA

6. Name and Address of Current Registered Agent  
MELAND, MARK S ESQ.  
200 S. BISCAYNE BLVD., SUITE 2420  
MIAMI FL 33131

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 Mark Meland President  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9/21/00

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

**FILE NOW!!! FEE IS \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

TITLE	P	<input type="checkbox"/> Delete
NAME	BERMAN, DANA	
STREET ADDRESS	900 BRIGGELL AVENUE, STE #908	
CITY-ST-ZIP	MIAMI FL 33101	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

500003417345-5  
-10/06/00-01103-013  
\*\*\*\*\*550.00 \*\*\*\*\*550.00

SP

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: SIGNATURE REQUIRED 9-1-00 305-341-0600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)