

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720718

**Entity Name:** MAINLANDS FIVE, INC.

**Current Principal Place of Business:**

4890 N.W. 50TH STREET  
TAMARAC, FL 33319

**Current Mailing Address:**

4890 NW 50TH STREET  
TAMARAC, FL 33319 US

**FEI Number:** 59-2351360

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHAVARRO, URIEL  
4890 NW 50TH STREET  
TAMARAC, FL 33319 US

*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:** URIEL CHAVARRO

02/10/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name POWELL, TREVOR  
Address 4890 NW 50TH STREET  
City-State-Zip: TAMARAC FL 33319

Title SECRETARY  
Name HUEFFMAN, DELMA  
Address 4927 NW 47TH TERRACE  
City-State-Zip: TAMARAC FL 33319

Title DIRECTOR  
Name KRISTOFFERSEN, FINN TORE  
Address 4807 NW 49TH PLACE  
City-State-Zip: TAMARAC FL 33319

Title DIRECTOR  
Name JOHNSON, JANICE  
Address 4757 NW 49TH COURT  
City-State-Zip: TAMARAC FL 33319

Title PRESIDENT  
Name FAGAN, PAUL  
Address 4890 NW 50TH STREET  
City-State-Zip: TAMARAC FL 33319

Title VP  
Name REMIKIE, SHARETTA  
Address 4890 NW 50TH STREET  
City-State-Zip: TAMARAC FL 33319

Title TREASURER  
Name CHAVARRO, URIEL  
Address 4890 N.W. 50TH STREET  
City-State-Zip: TAMARAC FL 33319

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DELMA HUEFFMAN

SECRETARY

02/10/2022

Electronic Signature of Signing Officer/Director Detail

Date