## 2024 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 03/27/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title SECRETARY Title DIRECTOR

Name HUEFFMAN, DELMA Name KRISTOFFERSEN, FINN TORE

Address 4890 N.W. 50TH STREET Address 4890 N.W. 50TH STREET

City-State-Zip: TAMARAC FL 33319 City-State-Zip: TAMARAC FL 33319

Title DIRECTOR Title PRESIDENT

Name PINTO, CAROL DIRECTOR Name FAGAN, PAUL

Address 4890 N.W. 50TH STREET Address 4890 NW 50TH STREET

City-State-Zip: TAMARAC FL 33319 City-State-Zip: TAMARAC FL 33319

Title VP Title TREASURER

Name REMIKIE, SHARETTA Name KELLEY, BRUCE

Address 4890 NW 50TH STREET Address 4890 N.W. 50TH STREET

City-State-Zip: TAMARAC FL 33319 City-State-Zip: TAMARAC FL 33319

Title DIRECTOR

Name LEWIS, ANGELLENE

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: PAUL FAGAN PRESIDENT 03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 27, 2024

**Secretary of State** 

8347961308CC

Date