

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 641094

1. Entity Name

UNIFAM FIVE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90034 021 ***150.00

Principal Place of Business

Mailing Address

%MIKE SEGAL BROAD & CASSEL
201 S BISCAYNE BLVD., STE. 3000. MIAMI CNT
MIAMI FL 33131
US

%MIKE SEGAL BROAD & CASSEL
201 S BISCAYNE BLVD., STE 3000. MIAMI CNT
MIAMI FL 33131-4330
US

00024380



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1953282

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGAL, PHILIP M
BROAD & CASSEL, MIAMI CENTER
201 S BISCAYNE BLVD., STE 3000
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Delete
NAME SEGAL, MIKE
STREET ADDRESS 175 NW 1 AVE.SUITE 2000
CITY-ST-ZIP MIAMI FL

TITLE AS Address ☒ Change ☐ Addition
NAME SEGAL, MIKE
STREET ADDRESS 201 S. Biscayne Blvd., Suite 3000
CITY-ST-ZIP Miami, FL 33131

TITLE PD ☐ Delete
NAME COHEN, HENRY
STREET ADDRESS 175 NW 1 AVE.SUITE 2000
CITY-ST-ZIP MIAMI FL

TITLE PD Address ☒ Change ☐ Addition
NAME COHEN, HENRY
STREET ADDRESS 6039 Collins Avenue, Apt. 916
CITY-ST-ZIP Miami Beach, FL 33140

TITLE SD ☐ Delete
NAME COHEN, GAIL
STREET ADDRESS 175 NW 1 AVE.SUITE 2000
CITY-ST-ZIP MIAMI FL

TITLE SD Address ☒ Change ☐ Addition
NAME COHEN, GAIL
STREET ADDRESS 6039 Collins Avenue, Apt. 916
CITY-ST-ZIP Miami Beach, FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President February 12/00 305-373-7400

Date

Daytime Phone #

CR2E034 (9/99)