

2002 UNIFORM BUSINESS REPORT (UBR)

0010794 AT

DOCUMENT # **A00000001619**

1. Entity Name

PEMBROKE PINES 5 ACRES, LTD.

FILED

02 APR 25 PM 3:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI FL 33181	Mailing Address 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI FL 33181
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
APPLIED FOR	<input type="checkbox"/> Not Applicable

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

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**PEMBROKE PINES 5 ACRES, INC.
12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000100900		STREET ADDRESS	
NAME	PEMBROKE PINES 5 ACRES, INC.		CITY-ST-ZIP	000005481020--5
STREET ADDRESS	12000 BISCAYNE BLVD., PENTHOUSE 810			-05/07/02--01048--015
CITY-ST-ZIP	MIAMI FL 33181			****141.25 ****141.25
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS			STREET ADDRESS	
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DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: **1. SIGNATURE: PIERRE S. IRELAND, D.** 4-16-02 305-891-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)