

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012689 AT

LF.

DOCUMENT # **A93000000943**

1. Entity Name

VINTAGE PROPERTIES V, LTD.

FILED

02 APR 24 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
5752 VINTAGE OAKS CIRCLE  
DELRAY BEACH FL 33484

Mailing Address  
5752 VINTAGE OAKS CIRCLE  
DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0438903

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

TERREMARK CORPORATE AGENTS, INC.  
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR  
MIAMI FL 33133

Name

Eugene N. Suttin

Street Address (P.O. Box Number is Not Acceptable)

5752 Vintage Oaks Cr.

City DelRay Beach

FL

Zip Code 33484

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.

Eugene N. Suttin

4/15/02  
DATE

9. Capital Contributions  
as Shown on record.

\$2,850,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P93000050613  
NAME AZA VENTURES V, INC.  
STREET ADDRESS 5752 VINTAGE OAKS CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL 33496

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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05/07/02 01004 000  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/02

Date

861-496-7839

Daytime Phone #

CR2E003 (9/01)