

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 15, 2001 08:00 AM

Secretary of State

DOCUMENT # A96000002072

1. Entity Name  
FIVE PLUS HOLDINGS, LTD.

Principal Place of Business Mailing Address  
7301 NW 4TH STREET, SUITE 102 641 SENECA ROAD  
PLANTATION FL GREAT FALLS VA  
33317 22066

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number  
65-0803708

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

HANNAN DAVID F  
7301 NW 4TH STREET, SUITE 102

PLANTATION FL  
33317 US

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 \_\_\_\_\_ DATE 01/15/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions  
as Shown on record. 1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 1,000.00

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 #  
NAME BUSINESS VENTURES INTERNATIONAL, INC.  
STREET ADDRESS 7301 NW 4TH STREET, SUITE 102  
CITY-ST-ZIP PLANTATION FL 33317

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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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: ROBERT L. PATRON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PRES 01/15/2001

Date

Daytime Phone #

CR2E003 (11/00)