

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002072**

1. Entity Name

FIVE PLUS HOLDINGS, LTD.

Principal Place of Business

**7301 NW 4TH STREET, SUITE 102
PLANTATION FL 33317**

Mailing Address

**641 SENECA ROAD
GREAT FALLS VA 22066**

2. Principal Place of Business

5630 N. BAY RD.

3. Mailing Address

5630 N. BAY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami BEACH FL

City & State

Miami BEACH FL

Zip

33140

Country

Zip

33140

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0803708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HANNAN, DAVID F

**7301 NW 4TH STREET, SUITE 102
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

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.

3-18-02

DATE

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

**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

DOCUMENT # **P98000008537**
NAME **BUSINESS VENTURES INTERNATIONAL, INC.**
STREET ADDRESS **7301 NW 4TH STREET, SUITE 102**
CITY-ST-ZIP **PLANTATION FL 33317**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

5630 N. BAY RD.

CITY-ST-ZIP

Miami BEACH, FL 33140

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APPROVED
AND
FILED

02 MAR 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0018878

AB

CR2E003 (9/01)

305-868-1974

3-18-02

START CHECK HERE