

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002072

1. Entity Name  
FIVE PLUS HOLDINGS, LTD.



FILED

03 APR -8 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
5630 N. BAY RD.  
MIAMI BEACH FL 33140

Mailing Address  
5630 N. BAY RD.  
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

P.O. Box 402949

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH FL.

Zip

Country

Zip

Country

33140

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

HANNAN, DAVID F  
7301 NW 4TH STREET, SUITE 102  
PLANTATION FL 33317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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

STREET ADDRESS

CITY-ST-ZIP

700015475317

DOCUMENT #  
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/03

305-868-1974

Date

Daytime Phone #

CP2E003 (10/02)

0002066 AV