

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003485

1. Entity Name

SHARE FIVE PROPERTIES, L.L.C.

Principal Place of Business

430 N. MILLS AVENUE
ORLANDO FL 32803

Mailing Address

P.O. BOX 533351
ORLANDO FL 32853-3351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3636108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO FL 32803

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFKOWITZ, IVAN M 430 NORTH MILLS AVE. ORLANDO FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFKOWITZ, FERN D 430 NORTH MILLS AVE. ORLANDO FL 32803	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Ivan M. Lefkowitz
Ivan M.
Lefkowitz
1-8-02
407-425-1974

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90036 036 ****50.00

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DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)