

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012278

1. Entity Name

FIVE ASSOCIATES, LLC

Principal Place of Business

12309 N.W. 54TH CT.
CORAL SPRINGS FL 33076

Mailing Address

12309 N.W. 54TH CT.
CORAL SPRINGS FL 33076

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

North Palm Beach FL
Zip 33408 Country Bahamas

City & State

Coral Springs FL
Zip 33077 Country Bahamas

4. FEI Number

65-1127069

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLERN, JOSHUA
7195 N.W. 110TH AVE.
PARKLAND FL 33076

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.

(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

TITLE NAME G.P. MEMBER
STREET ADDRESS ELLERN JOSHUA
CITY-ST-ZIP 7195 N.W. 110TH AVE
PARKLAND FL 33076

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

JANUARY 7, 2002

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90014 021 ****50.00



DO NOT WRITE IN THIS SPACE

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CR2083 (9/01)