

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000247

1. Entity Name
LAKESIDE FIVE GROUP, L.C.

FILED

00 JAN 24 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13000 SW 133RD COURT
MIAMI FL 33186

Mailing Address
13200 S.W. 128TH STREET
SUITE E-1
MIAMI FL 33186-5831



DO NOT WRITE IN THIS SPACE

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 65-0430563

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

HENDRIKSE, NELSON J
13200 S.W. 128TH ST., BLDG. E
MIAMI FL 33186

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
SOUTHEAST REALTY & DEVELOPMENT, INC.
13000 SW 133RD CT
MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
PALMERS VENTURES INC.
12790 S. DIXIE HIGHWAY
MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
HENDRIKSE, JOHN
8220 SW 192ND ST
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
HENDRIKSE, MATILDA
8220 SW 192ND ST
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
HENDRIKSE, NELSEON
7401 SW 148TH ST
MIAMI FL 33158 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
NOTHEIS, WALTER M
13200 S.W. 128TH STREET, E-1
MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
200003119282--4
-02/01/00--01118--023
*****50.00 *****50.00 ☐ Change ☐

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CITY- ST- ZIP
☐ Change ☐

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 OR MANAGER

Date

Daytime Phone #

1-20-00