

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 22 AM 9: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000689

1. Entity Name  
IMPACT PROPERTIES V, L.L.C.

Principal Place of Business  
7627 COURTNEY CAMPBELL CSWY  
TAMPA FL 33607

Mailing Address  
7627 COURTNEY CAMPBELL CSWY  
TAMPA FL 33607-1431



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

59-3469380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

mm

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANJI, DILIP  
7627 COURTNEY CAMPBELL CSWY  
TAMPA FL 33607

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 MGRM KANJI, DILIP ☐ Delete  
STREET ADDRESS 7627 COURTNEY CAMPBELL CSWY  
CITY-ST-ZIP TAMPA FL 33607

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000003245620--4  
CITY-ST-ZIP -05/09/00--01123--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME MGRM VALBH, ANIL I ☐ Delete  
STREET ADDRESS 7627 COURTNEY CAMPBELL CSWY  
CITY-ST-ZIP TAMPA FL 33607

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Delete  
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**

4-17-00

813-287-0902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)