

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90244 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000061725 1. Entity Name 5821 PROPERTY HOLDINGS, INC.																											
Principal Place of Business 6100 HOLLYWOOD BLVD SUITE 211 HOLLYWOOD, FL 33024		Mailing Address 6100 HOLLYWOOD BLVD SUITE 211 HOLLYWOOD, FL 33024																									
2. Principal Place of Business Suite, Apt. # 5821 Hlwd Blvd City & State Hollywood FL Zip 33021		3. Mailing Address Suite, Apt. # 5821 Hlwd Blvd City & State Hollywood FL Zip 33021																									
4. FEI Number 65-1126658		☐ CHECK HERE IF MAKING CHANGES Applied For Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name Stephen Fiske Street Address (P.O. Box Number is Not Acceptable) 5821 Hlwd Blvd #200 City Hlwd State FL Zip Code 33021																									
6. Name and Address of Current Registered Agent SMOLER, BRUCE J 100 SE 2ND STREET SUITE 2620 MIAMI, FL 33131																											
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 <i>Stephen Fiske</i> Stephen Fiske Pres. 4/24/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when renewing)																											
FILE NOW! IN FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td> PD FISKE, STEPHEN 5821 HOLLYWOOD BLVD SUITE 200 HOLLYWOOD, FL 33021 </td> <td></td> </tr> <tr> <td> VSTD FISKE, ANDREW 5821 HOLLYWOOD BLVD SUITE 200 HOLLYWOOD, FL 33021 </td> <td> ☐ Delete </td> </tr> <tr> <td> D FISKE, ALAN 5821 HOLLYWOOD BLVD SUITE 200 HOLLYWOOD, FL 33021 </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> ☐ Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	PD FISKE, STEPHEN 5821 HOLLYWOOD BLVD SUITE 200 HOLLYWOOD, FL 33021		VSTD FISKE, ANDREW 5821 HOLLYWOOD BLVD SUITE 200 HOLLYWOOD, FL 33021	☐ Delete	D FISKE, ALAN 5821 HOLLYWOOD BLVD SUITE 200 HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: <i>Andrew Fiske</i> 4/24/03 954-9676600 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #																											

90123638



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