

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90290 034 ***150.00

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DOCUMENT # P02000056426

1. Entity Name
THE FIFTH MOUNTAIN, CORP.



Principal Place of Business
**780 NW 42 AVE. STE 420
MIAMI FL 33126**

Mailing Address
**780 NW 42 AVE. STE 420
MIAMI FL 33126**

2. Principal Place of Business
6706 N UNIV. DR.

Suite, Apt. #, etc.

TAMARAC

City & State
Florida

Zip
33321

Country
USA

3. Mailing Address

1301 ST TROPER

Suite, Apt. #, etc.

2103

City & State
WESTON - FLORIDA

Zip
33326

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
81-0554012

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAZZA-MARTINEZ, TANIA A
780 NW 42 AVE, STE 420
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name
SERVIO T FORZAN
Street Address (P.O. Box Number is Not Acceptable)
1301 ST TROPER # 2103
City
Weston FL Zip Code
33326

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORZAN, SERVIO T 780 NW 42 AVE, STE 420 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRA DE FORZAN, DANYLKA 780 NW 42 AVE, STE 420 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 SIGNATURE REQUIRED **SERVIO T. Forzan Pres. 954-6591600**

CR2E034 (10/02)