## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9500002439  1. Entity Name						FILED Feb 01, 2000 8:00 am				
REPRES	ENTACIONES CINCO EST	RELLAS, INC.				Secre	tary of	f Stat	e	
Principal Place of Business Mailing Address						02-01-20	000 90101 022	***150.00		
9915 N.W. 66TH MANOR PARKLAND FL 33076		9915 N.W. 66TH MANOR PARKLAND FL 33076-2320								
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. 1	4. FEI Number 65-0592567			plied For Applicable		
Zip	Country	Zip	Cour	ntry	5. (	Certificate of Status D	esired	\$8.75 Add	litional -	
	6. Name and Address of Curr	ent Registered Agent			7. P	lame and Address o	f New Registered	`	•	
1	CUS, JOYCE V	· ·	Name /		Richm	***	RN			
9915 N.W. 66TH MANOR PARKLAND FL 33076				9815-NW 66 MANCA City PARKMAD FL						
		<del></del>		•				L Zip Cod	<sup>ື</sup> ່>໒	
8. The above	named entity submits this stateme	nt for the purpose of changing	g its register	ed office or r	egistered ag	ent, or both, in the St	ate of Florida.	-/-		
SIGNATURE	Signatury, typed of profed fame of legisters of	ent and title if applicable.	(NOTE: Registere	ed Agent signature	e required when re	instating)	DATE	7/00		
Tax filing	oration is eligible to satisfy its Intangrequirement and elects to do so.	FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of Sta			0.00	10. Election Cam Trust Fund Co	•		O May Be I to Fees	
11,	<u> </u>	ND DIRECTORS	12.			<u> </u> DITIONS/CHANGES	TO OFFICERS AN	ID DIRECTORS	S IN 11	
TITLE	Р	Delete	TITL	E				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PINCUS, JOYCE V 9915 N.W. 66TH MANOR			EET ADDRESS						
TITLE	PARKLAND FL 33076	☐ Delete	TITL	E 🥸	7 F.	D		Change	Addition	
NAME STREET ADDRESS	the state of the s			EET ADDRESS	Rich	NW 66 ma	Non	_	22	
CITY-ST-ZIP				'-ST-ZIP	PARK	Inab, FI	33=>6	 Change	☐ Additio	
TITLE NAME		☐ Delete	TITL Nam					Change	☐ Additio	
STREET ADDRESS				EET ADDRESS '-ST-ZIP						
CITY-ST-ZIP TITLE		☐ Delete	TITL	<del></del> +-				Change	Additio	
NAME		-	NAM	1E					_	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP						
TITLE	<u></u>	☐ Delete	TITL			<u>.                                    </u>		☐ Change	☐ Additio	
NAME	;		NAM	1						
STREET ADDRESS CITY-ST-ZIP			1	EET ADDRESS /-ST-ZIP						
TITLE		☐ Delete	TITL	1		<del>-</del>		☐ Change	Additio	
NAME STREET ADDRESS			NAM STR	ME EET ADDRESS						
CITY-ST-ZIP				'-ST-ZIP						
13. I hereby indicated	certify that the information supplied I on this report or supplemental rep	with this filing does not qualifort is true and to	fy for the exe hat my signa	mption state ture shall ha	ed in Section ve the same	119.07(3)(i), Florida S legal effect as if mad	Statutes. I further c e under oath; that	ertify that the i	nformation or director	