

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082484

1. Entity Name

5 C's, INC.

Principal Place of Business

PMB 205
20423 SR 7 F-6
Boca Raton, FL 33432

Mailing Address PMB 205
20423 SR 7 F-6
Boca Raton, FL 33432

2. Principal Place of Business

1515 N. Federal Hwy
Suite, Apt. #, etc.
218

3. Mailing Address

1515 N. Federal Hwy
Suite, Apt. #, etc.
218

City & State

Boca Raton

City & State

Boca Raton

Zip

33432

Country
Palm Beach

Zip

33432

Country

Palm Beach

4. FEI Number

65-0699364

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Aresty, Jamie
19570 Saturnia Lakes Dr
Boca Raton, FL 33498

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

DO NOT WRITE IN THIS SPACE

10066981

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

4-25-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 11, 2001, Fee will be \$550.00
Make Check Payable to: Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Aresty, Jamie
19570 Saturnia Lakes Dr
Boca Raton, FL 33498

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Aresty, Maurice
19570 Saturnia Lakes Dr
Boca Raton, FL 33498

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maurice Aresty

4-25-01 51-620-0995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)