

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90112 045 ***150.00

DOCUMENT # P97000070069

1. Entity Name

GIVE ME 5, INC.

Principal Place of Business

Mailing Address

5101 COLLINS AVE ~~62~~ # 8 L
 MB FL 33140

5101 COLLINS AVE ~~62~~ # 8 L
 MB FL 33140-2738

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

65-0778445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIARATO, UGO V. C.P.A.
220 71 ST 213
MB FL 33141

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

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 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~B~~ ☒ Delete
 NAME ~~JURE, JORGE~~
 STREET ADDRESS ~~2782 NORTHWEST 79 AVENUE~~
 CITY-ST-ZIP ~~MIAMI FL 33122~~

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

TITLE ☐ Delete
 NAME ~~PSTD~~
 STREET ADDRESS ~~SUDAKA, CHARLES P~~
 CITY-ST-ZIP ~~2782 NORTHWEST 79 AVENUE~~
~~MIAMI FL 33122~~

TITLE ☒ Change ☐ Addition
 NAME ~~PSTD~~
 STREET ADDRESS ~~SUDAKA, CHARLES P~~
 CITY-ST-ZIP ~~5101 COLLINS AVE - APT 8 L~~
~~MIAMI BEACH, FLORIDA 33140-~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00 - (305) 868 7060

CR2E034 (9/99)