

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90032 025 ***150.00

DOCUMENT # P97000070069

1. Entity Name
GIVE ME 5, INC.

Principal Place of Business

5101 COLLINS AVE 82
MB FL 33140

Mailing Address

5101 COLLINS AVE 82
MB FL 33140

COULD YOU PLEASE MAKE THIS CONNECTION EACH YEAR I ASKED YOU THE SAME THING AND NOTHING WAS DONE - THANK YOU.

2. Principal Place of Business

Suite, Apt. #, etc. **8L**

City & State

Zip

Country

Suite, Apt. #, etc. **8L**

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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, 2002 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 **PSTD** ☐ Delete
NAME **SUDAKA, CHARLES P**
STREET ADDRESS **5101 COLLINS AVE AAPT 8L**
CITY - ST - ZIP **MIAMI FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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: *[Signature]* **CHARLES P. SUDAKA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AFTERNOON
01/10/2002 - (305) 868 7060
Date Daytime Phone #

CR2E034 (9/01)