

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90232 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000086899

1. Entity Name
FIFTH AVENUE ASSOCIATES OF NAPLES, INC.



Principal Place of Business
365 5TH AVE SO
STE 201
NAPLES, FL 34102 US

Mailing Address
C/O DAVID NASSIF CO.
195 WORCESTER ST., STE 301
WELLESLEY, MA 02481 US

11016597



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

59-3474539

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

CHEFFY, LOUIS W
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102

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. 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 submitting.)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 15, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ANTARAMIAN, JACK J

365 5TH AVE SO STE 201

NAPLES, FL 34102

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

NASSIF, DAVID E JR

195 WORCESTER ST., STE 301

WELLSLEY, MA 02481

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

Change

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)