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

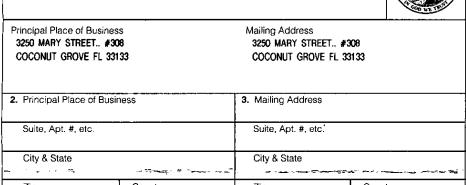
5780, INC.



Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90180 020 \*\*\*150.00

**FILED** 

P98000082019 DOCUMENT # 1. Entity Name



| Suite, Apt. #, etc.  City & State   |         | Suite, Apt. #, e | Suite, Apt. #, etc.'  City & State |   | CHECK HERE IF MAKING CHANGES     |                                       |  |  |
|---|---------|------------------|------------------------------------|---|----------------------------------|---------------------------------------|--|--|
|   |         | City & State     |                                    |   | 4. FEI Number 65-0878185 Applie  |                                       |  |  |
| Zip   | Country | Zip              | Zip Country                        |   | 5. Certificate of Status Desired | \$8.75 Additional<br>Fee Required     |  |  |
| 6. Name and Address of Current Registered Agent   |         |                  |                                    | 7. Name and Address of New Registered Agent             |                                  |                                       |  |  |
| MELAND, MARK S ESQ.<br>200 S. BISCAYNE BLVD., SUITE 2420<br>MIAMI FL 33131                  |         |                  |                                    | Name Street Address (P.O. Box Number is Not Acceptable) |                                  |                                       |  |  |
| .  The above named entity submits this statement for the purpose of changing its registers. |         |                  |                                    | Oity<br>office or registe                               |                                  | Zip Code am familiar with, and accept |  |  |

8. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 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

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|--|--|----------|---------------------------------------|--|----------|------------|--|--|
| 10.  | OFFICERS AND DIRECTORS   |          |                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                  |          |            |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | P<br>BERMAN, DANA<br>3250 MARY STREET., #308<br>COCONUT GROVE FL 33133   | ☐ 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 | المراز المساور المراز المنطقة المراور والماست المساومة المستقفة المراز | Change   | ☐ Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | ☐ Change | ☐ Addition |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | s.   | □ Delete | TITLE NAME STREET ADDRESS 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 extractment with an address with all other Topmpowered.

**SIGNATURE:** 

<del>hego</del>ired

Date

Daytime Phone #