

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90043 009 ***150.00

DOCUMENT # P99000056387

1. Entity Name

FIVE R US, INC

Principal Place of Business

**C/O FRANZESE & BALIAN
 136 BROADWAY
 WOODCLIFF LAKE NJ 07675**

Mailing Address

**C/O FRANZESE & BALIAN
 136 BROADWAY
 WOODCLIFF LAKE NJ 07677**

2. Principal Place of Business

NORTH COMBEE ROAD TEXACO

Suite, Apt. #, etc.

1405 N. COMBEE ROAD

City & State

LAKE LAND, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33801

Country

Country

4. FEI Number

59-3584422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JALLO, SIMON
 1942 LAGOVISTA BLVD
 PALM HARBOR FL 34685**

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 **P** ☐ Delete
 NAME **JALLO, PAUL**
 STREET ADDRESS **9 OAKHILL DR**
 CITY-ST-ZIP **JAMESBURG NJ 08831**

TITLE **VP** ☐ Delete
 NAME **JALO, GEORGE**
 STREET ADDRESS **4313 AUSTON WAY**
 CITY-ST-ZIP **PALM HARBOR FL 34686**

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

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/1/02 201-391-8888

CR2E034 (9/01)