

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070442

1. Entity Name

5TH AVENUE MARKET, INC.

Principal Place of Business

Mailing Address

815 N.W. 5TH AVE.
FLORIDA CITY FL 33034

MR. L. T. CLAYTON
1615 NORTHWEST FIRST AVE
FLORIDA CITY, FL 33034

FILED

01 MAY -9 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0956985

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, LOVEY
815 N.W. 5TH AVE.
FLORIDA CITY FL 33034

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	CLAYTON, LOVEY	
STREET ADDRESS	815 N.W. 5TH AVE.	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CLAYTON, LOVEY	
STREET ADDRESS	815 N.W. 5TH AVE.	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CLAYTON, DAVID	
STREET ADDRESS	815 N.W. 5TH AVE.	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	LOVETT, BENNIE	
STREET ADDRESS	815 N.W. 5TH AVE.	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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****852.50 ****158.75

SP

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:

Lovey Clayton

01-03-01

3052482532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #