## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other line empowered.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OF

SIGNATURE:

## **FILED** May 03, 2001 8:00 am Secretary of State DOCUMENT:# P99000079661 1. Entity Name FIVE FIVE FIVE REALTY HOLDINGS. INC. 05-03-2001 90922 031 \*\*\*150.00 Principal Place of Business Mailing Address 7251 WEST PALMETTO PARK ROAD 7251 WEST PALMETTO PARK ROAD SUITE 206 SUITE 206 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0951794 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STREIT, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGER DRIVE ---SUITE 900 EAST TOWER WEST PALM BEACH FL 33401 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 (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if app F/LE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change Schluboch, Anita NEWMAN, FREDRIC D NAME NAME 7251 West Rolmetto Park Rd. STREET ADDRESS 7251 WEST PALMETTO PARK RD. SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE ☐ Delete Change ☐ Addition NAME KING. JAMES P NAME STREET ADDRESS 7251 WEST PALMETTO PARK RD. SUITE 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

S DIRECTOR