

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V53470

1. Entity Name

MICHIGAN 5 CORP.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90040 044 ***150.00

Principal Place of Business

650 OCEAN DRIVE
MIAMI BEACH FL 33139

Mailing Address

650 OCEAN DRIVE
MIAMI BEACH FL 33139-6219

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 22-3189812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COURTNEY, MARLO
650 COEAN DR
PENTHOUSE SOUTHEAST
MIAMI EBAHC FL 33139

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	GOLDMAN, R. ANTHONY	
STREET ADDRESS	650 OCEAN DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOLDMAN, JESSICA	
STREET ADDRESS	650 OCEAN DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOLDMAN, CHARLES JOSEPH	
STREET ADDRESS	650 OCEAN DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDMAN, JANET	
STREET ADDRESS	650 OCEAN DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COURTNEY, MARLO (ASST)	
STREET ADDRESS	650 OCEAN DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
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	

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

02-25-00

Date

305-531-4411

Daytime Phone #

CR2E034 (9/99)