

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000798**

1. Entity Name
SHAPCO ENTERPRISES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43



DO NOT WRITE IN THIS SPACE

Principal Place of Business
20135 N.E. 39TH PLACE
AVENTURA FL 33180

Mailing Address
20135 N.E. 39TH PLACE
AVENTURA FL 33180-3087

2. Principal Place of Business
10205 Collins Ave

3. Mailing Address
10205 Collins Ave

Suite, Apt. #, etc.
PH9

City & State
Bal Harbour, FL

City & State
Bal Harbour, FL

4. FEI Number
65-0910415

Applied For
Not Applicable

Zip
33154-1405

Country

Zip
33154-1405

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELLER, DAN P
701 BRICKELL AVENUE, SUITE 1900
MIAMI FL 33131

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

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SHAPIRO, STANELY TRUSTEE 20135 N.E. 39TH PLACE AVENTURA FL 33180
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	10205 Collins Ave PH9
CITY - ST - ZIP	Bal Harbour, FL 33154-1405
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **X** **NE REQUIRED** Stanley Shapiro **X** 4/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #