

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005132 AF

DOCUMENT # **A99000000798**

1. Entity Name  
**SHAPCO ENTERPRISES, LTD.**

**FILED**

Principal Place of Business  
**10205 COLLINS AVE., PH9  
BAL HARBOUR FL 33154-1405**

Mailing Address  
**10205 COLLINS AVE., PH9  
BAL HARBOUR FL 33154-1405**

01 APR 19 PM 12:40

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 **65-0910415**

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

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **SHAPIRO, STANELY TRUSTEE**  
STREET ADDRESS **10205 COLLINS AVE., PH9**  
CITY-ST-ZIP **BAL HARBOUR FL 33154-1405**

STREET ADDRESS  
CITY-ST-ZIP  
**300004103093--0**  
~~05/01/01 01092-018~~  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Stanley Shapiro Trustee** DATE: **4/11/01** DAYTIME PHONE # \_\_\_\_\_

CR2E003 (11/00)