
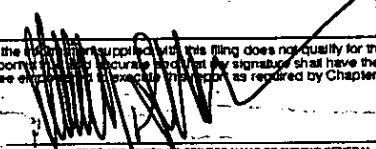


FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

03 SEP 26 AM 10:17

**2003 LIMITED PARTNERSHIP  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A99000000798			
1. Entity Name SHAPCO ENTERPRISES, LTD.			
Principal Place of Business 10205 COLLINS AVE., PH9 BAL HARBOUR, FL 33154-1405		Mailing Address 10205 COLLINS AVE., PH9 BAL HARBOUR, FL 33154-1405	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0910415		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
9. Capital Contributions as Shown on record. 2,000,000		10. Amount of Capital Contributions in FLORIDA to date. 2,000,000	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SHAPIRO, Stanley		
STREET ADDRESS	10205 COLLINS AVE., PH9	CITY - ST - ZIP	
CITY - ST - ZIP	BAL HARBOUR, FL 331541405		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the limited partnership as required by Chapter 620, Florida Statutes.			
SIGNATURE: 		Stanley Shapiro 305-538-5669	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	

STAPLE CHECK HERE

CPR003 (10/02)

300016234273  
 04/18/03 01012 026  
 \$526.25

