

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90052 010 ***150.00

DOCUMENT # M32612

1. Entity Name
SHANNA OF MIAMI, INC.

Principal Place of Business 2805 NORTH STATE ROAD 7 HOLLYWOOD FL 33021	Mailing Address 2805 NORTH STATE ROAD 7 HOLLYWOOD FL 33021
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2693043	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

~~LEWIN, STANLEY~~
**2805 NORTH STATE ROAD 7
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **Sondra Federici**
 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 *Sondra Federici* DATE **2/14/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME *Treasurer FEDERICI, SONDRA	<input type="checkbox"/> Delete
STREET ADDRESS 2805 N STATE RD 7 HOLLYWOOD FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME VP NAOMI LEWIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2805 N. STATE ROAD 7 Hollywood, FL 33021	
TITLE NAME VP James Federici	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2805 NO. STATE ROAD #7 HOLLYWOOD, FL 33021	
TITLE NAME VP Rhonda Hernandez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2805 NO. STATE ROAD #7 HOLLYWOOD, FL 33021	
TITLE NAME VP Curt Lewin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2805 NO. STATE ROAD #7 HOLLYWOOD, FL 33021	
TITLE NAME VP Harley Lewin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2805 NO. STATE ROAD #7 HOLLYWOOD, FL 33021	
TITLE NAME VP Debrah Lewin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2805 NO. STATE ROAD #7 HOLLYWOOD, FL 33021	

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: *Sondra Federici* **Sondra Federici** DATE **2/14/01** DAYTIME PHONE # **954-983-0506**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)