

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004862

1. Entity Name

SHAKE-A-LEG MIAMI, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90927 041 ****70.00

Principal Place of Business 2600 S BAYSHORE DRIVE MIAMI FL 33133	Mailing Address 2600 S BAYSHORE DRIVE MIAMI FL 33133-5424
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0611917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

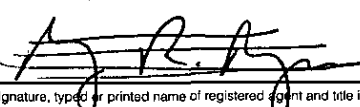

6. Name and Address of Current Registered Agent

REVELL, WALTER L.
% H. J. ROSS ASSOCIATES, INC.
3770 SW 8TH STREET, SUITE 200
CORAL GABLES FL 33134-6011

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)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MAUK, WILLIAM
STREET ADDRESS	7600 CORPORATE CENTER DR.
CITY-ST-ZIP	MIAMI FL 33126
TITLE	D <input type="checkbox"/> Delete
NAME	GREEN, BARTH
STREET ADDRESS	620 SABAL PALM RD.
CITY-ST-ZIP	MIAMI FL 33137
TITLE	T <input type="checkbox"/> Delete
NAME	ROSENBERGER, ROGER
STREET ADDRESS	14500 SW 94 CT.
CITY-ST-ZIP	MIAMI FL 33176
TITLE	P <input type="checkbox"/> Delete
NAME	HORGAN, HARRY R.
STREET ADDRESS	7901 SW 50 CT
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input type="checkbox"/> Delete
NAME	REVELL, WALTER L.
STREET ADDRESS	3770 SW 8TH ST., SUITE 200
CITY-ST-ZIP	CORAL GABLES FL 33114-6011
TITLE	D <input type="checkbox"/> Delete
NAME	PAGAN, LUIS
STREET ADDRESS	1625 S BAYSHORE DR
CITY-ST-ZIP	MIAMI FL 33133

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **HARRY R. HORGAN** **4/28/00** **305 858-5550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)