

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90110 037 \*\*\*\*61.25

UBR03/0

**DOCUMENT # N95000004862**

1. Entity Name  
**SHAKE-A-LEG MIAMI, INC.**



Principal Place of Business      Mailing Address

**2600 S BAYSHORE DRIVE**      **2600 S BAYSHORE DRIVE**  
**MIAMI FL 33133**                      **MIAMI FL 33133**

2. Principal Place of Business      3. Mailing Address

*2620 S Bayshore Dr*                      *2620 S Bayshore Dr*

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State      City & State

*Miami, FL*                      *Miami, FL*

Zip      Country      Zip      Country

*33133*      *USA*                      *33131*      *USA*

4. FEI Number **65-0611917**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HORGAN, HARRY R**  
**7901 SW 50 COURT**  
**MIAMI FL 33143**

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

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDY, VLADIMIR</b>	
STREET ADDRESS	<b>3802 LITTLE AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>GREEN, BARTH</b>	
STREET ADDRESS	<b>620 SABAL PALM RD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ROSENBERGER, ROGER</b>	
STREET ADDRESS	<b>14500 SW 94 CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HORGAN, HARRY R</b>	
STREET ADDRESS	<b>7901 SW 50 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHARLES, HARTZ</b>	
STREET ADDRESS	<b>4800 LEJEUNE ROAD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAGAN, LUIS</b>	
STREET ADDRESS	<b>1625 S BAYSHORE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	

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: *X [Signature]* **REQUIRED**

CR2E037 (4/03)