2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000089245 1. Entity Name					Mar 30, 2001 8:00 am Secretary of State				
SHAGINA, INC.				-	01-31-2001 90007 027 ***150.00				
				jan e e	· · · ·				
Principal Pia	ace of Business	Mailing Address		•					
2315 NE 197 NORTH MIAMI	STREET BEACH FL 33180	2315 NE 197 STREET NORTH MAMI BEACH FL	33180			်စ် စို ဂ ဂ	~	· .	:
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc			- DO NOT WRIT	E IN THIS SPAC)E	p#8e-7+	
City & State		City & State		·	4. FEI Number 65 - 104	7281		plied For It Applicable	7
Zip	Country	Zip		try	5. Certificate of Status Desired		75 Add		
····	6. Name and Address of Current F	teolstered Agent	:		7. Name and Address of New R	— Fee	Required	1	4
		iogratioi de Agont		Name	7. Italia and Addids of Italy IV	State of Age			-
	RIANOWSKY, JAYIR) ,		Street Address (P.O. Box Number is Not Acceptable)					4
2315 NE 197 STREET		• . • •		Siresi Address (F.O. Box Number is Not Acceptable)					
NOI	RTH MIAMI BEACH FL 33180				•				
				City		FL	Zip Code	,	1
8. The above	e named entity submits this statement for	the purpose of changing it	ts registere	ed office or registe	ered agent, or both, in the State of Flo	rida.			1
	•								1
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable	VE. Barrier	1 Agent signature require	duta- al-auto)	DATE			
		1	-		C With (Constant)	DATE			
	oration is eligible to satisfy its Intangible requirement and elects to do so.			IS \$150.00 will be \$550.00-	10. Election Campaign Fine		\$5.00	May Be	<u> </u>
	eria on back)	Make Check Paya			i irusi rung Conii ibulion	. ⊔	Added	to Fees	
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRI	ECTORS	IN 11	
TITLE NAME	JAVIA MARIANOW	SKY Delete	TITLE				Change	Addition	00/0
STREET ADDRESS	2315 NE 197 ST.	.		ET ADDRESS					4
CITY-ST-ZIP	NO MIAMI BEACH	tr 13160	CITY-	ST-ZIP					CR2E034 (10/00)
TITLE	BATSHEVA MARIANO	ursace Delete	THILE	I			Change	Addition	8
NAME STREET ADDRESS	12318 NO 147 ST.	•	name Stree	T ADORESS					•
CITY-ST-ZIP	No. MIAMI BEACH	Fe. 33180	•	ST-ZIP					
TITLE		☐ Delete	TITLE		. +		Change	Addition	
NAME STREET ADDRESS			NAME	T ADDRESS	•				<u> </u>
CITY-ST-ZIP				ST-ZIP	•				
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME		·				
STREET ADDRESS			CITY-S	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TIŤLE			~~~~~~	hange	Addition	
NAME	Í	_ >	NAME	1	·			-	
STREET ADDRESS CITY-ST-ZIP	_		STREET CITY-S	T ADDRESS				ĺ	
IIILE		Delete	TITLE	J1 'EH			hance	Addition	
NAME		□ vade	NAME			ں ں	പാച്ചവ	L. JANUMUN	
STREET ADDRESS				T ADDRESS	·				
CITY-SI-ZIP	nortify that the information	3 890 a alon 4 44 4	CITY-S		-th 440 07/01/20 70 11 70 70 11 11				
indicated of the cor changed.	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee employer or on an attachment with an address	is illing does not qualify fo ye and accurate and that re erfd for execute this report if all other like empowered	r the exem my signatu as require	nption stated in Se ire shall have the : ed by Chapler 607	ction 119.07(3)(i), Florida Statutes. I f same legal effect as il made under oa , Florida Statutes; and that my name	urther certify tha th; that I am an appears in Bloc	at the info officer or k 11 or E	ormation r director Block 12 il	
SIGNAT					1-19-01				
	SIGNATURE AND TYPED OR JARIE	TO MAKE OF SIGNING OFFICER	OR DESECTO	A	Dete	Danier C		- 1	