

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90042 029 \*\*\*150.00

**DOCUMENT # P00000089245**

1. Entity Name  
**SHAGINA, INC.**

Principal Place of Business  
**2315 NE 197 STREET**  
**NORTH MIAMI BEACH FL 33180**

Mailing Address  
**2315 NE 197 STREET**  
**NORTH MIAMI BEACH FL 33180**

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 **65-1047281**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARIANOWSKY, JAYIR**  
**2315 NE 197 STREET**  
**NORTH MIAMI BEACH FL 33180**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**19941 NE 23 AVE**  
 City **NMB** FL Zip Code **33180**

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)

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARIANOWSKY, JAYIR</b> <b>2315 NE 197 STREET</b> <b>MIAMI FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>19941 NE 23 AVE.</b> <b>N.M.B. FL. 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MARIONOWSKY, GATSHEVA</b> <b>2315 NE 197 STREET</b> <b>MIAMI FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MARIANOWSKY Batsheva</b> <b>19941 NE 23 AVE.</b> <b>N.M.B. FL. 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information submitted 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 reports 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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AV 02/02/02  
 CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE