

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90188 040 ***150.00

DOCUMENT # P00000094189

1. Entity Name
THE SHACK, INC.

Principal Place of Business Mailing Address
 4462 NW 64TH STREET 4462 NW 64TH STREET
 COCONUT CREEK FL 33073 COCONUT CREEK FL 33073

2. Principal Place of Business 3. Mailing Address
1380 S. POWERS RD **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Deerfield Beach FL **65-1043255** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
33442 **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
~~TANEN, JEFFREY S ESQ
 GOLDSTEIN & TANEN, PA
 TWO SOUTH BISCAYNE BLVD, STE 3250
 MIAMI FL 33131~~
 Name **JAMES GELFAND**
 Street Address (P.O. Box Number is Not Acceptable)
1380 S. POWERS RD.
 City **Deerfield Beach** FL Zip Code **33442**

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. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELFAND, JAMES M 4462 NW 64TH STREET COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KARIN GELFAND <input type="checkbox"/> Delete 4462 NW 64TH ST COCONUT CREEK FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **JAMES GELFAND** **2-5-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRES.

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE