

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90106 018 \*\*\*150.00

DOCUMENT # P94000015524

1. Entity Name

SHADOWBOX COLLECTIBLES, INC.

Principal Place of Business

Mailing Address

1578 NW 165 STREET  
 MIAMI FL 33169

1578 NW 165 STREET  
 MIAMI FL 33169-5646

2. Principal Place of Business

3. Mailing Address

249 LAVILLA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS FL.

4. FEI Number

65-0474833

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYERS, WILLIAM G  
 1578 NW 165 STREET  
 MIAMI FL 33169

Name

Street Address (P.O. Box Number is Not Acceptable)

249 LAVILLA DRIVE

City MIAMI SPRINGS

FL

Zip Code 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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  Delete  
 NAME D  
 STREET ADDRESS MEYERS, WILLIAM G  
 CITY-ST-ZIP 1578 NW 165 STREET  
 MIAMI FL 33169

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 249 LAVILLA DRIVE  
 CITY-ST-ZIP MIAMI SPRINGS FL. 33166

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *W. Gordon Meyers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00  
 Date

(305) 885-2830  
 Daytime Phone #

CR2E034 (9/99)