2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90016 034 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000044337

1. Entity Name
SHANGLY CORP.

Principal Place of Business	Mailing Address
SUTERRA CORPORATION 8750 NW 36TH STREET # 200 MIAMI FL 33178	8750 NW 36TH ST. # 200 MIAMI FL 33178

2. Principal Place of Business	3. Mailing Address
417 E. Sheridan Street	417 E. Sheridan Street
Suite, Apt. #, etc.: #129	Suite, Apt. #, etc.: #129
City & State: Dania Beach, Florida	City & State: Dania Beach, Florida
Zip: 33004-4603 Country: USA	Zip: 33004-4603 Country: USA

4. FEI Number 65-0838140 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEL VALLE, MILLY
8750 N.W. 36TH STREET, SUITE 200
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name: Milly Del Valle, c/o Sage Solutions Inc.
Street Address (P.O. Box Number is Not Acceptable): 417 E. Sheridan Street, #129
City: Dania Beach FL Zip Code: 33004-4603

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 Milly Del Valle 4/27/2001
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, 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	VTS DEL VALLE, MILLY 8750 NW 36TH ST., # 200 MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS Del Valle, Milly 417 E. Sheridan Street, PMB#129 Dania Beach, Florida 33004-4603	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Milly Del Valle 4/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)