

FILED

04 MAR 16 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**04 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000007102
1. Entity Name
SHKL, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

3250 NW 36th St 1602 NE 196th St
Miami, FL 33142 N. Meach, Florida

DO NOT WRITE IN THIS SPACE
FBI Number: 05-0892962
Applied For: Not Applicable

33142 USA 33179 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: **Baerly Wasserstrom**
Street Address (P.O. Box Number is Not Acceptable): **Suite 1100**
4621 Hollywood Blvd
City: **Hollywood** FL **33021**

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 filer if applicable. (NOTE: Registered Agent signature required when necessary.) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$250.00
After May 1 Fee is \$350.00
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

TITLE: **Director**
NAME: **BOBIS SHKOLNIK**
STREET ADDRESS: **1602 NE 196th St**
CITY - ST - ZIP: **N. Meach, FL - 33179**

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/1/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone

CR2E0346 (12/01)