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SECRETARY OF STATE DIVISION OF CORPORATIONS

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #	P9
1. Entity Name	_

P99000034014

1. Entity Name
SHANDEBI CORPORATION

Principal Place of Business Mailing Address 1505 LACOSTA DRIVE WEST POST OFFICE BOX 821613 PEMBROKE PINES FL 33027 SOUTH FLORIDA FL 33082 2. Principal Place of Business 3. Mailing Address 1505 LA COSTA DR WEST Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0984308 PINES PENBROKE Not Applicable Zip Country Country A \$8.75 Additional 5. Certificate of Status Desired 33027 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRICE, GERALD 1505 LA COSTA DRIVE WEST PEMBROKE PINES FL 33027 SUITE Zip Code 3332 14. 263 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. I am familiar with, and accept the obligations of registered agent. THOMAS A GERO FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE Delete TITLE PRICE, GERALD NAME NAME TRICE, LINDA M 1505 LACOSTA DRIVE WEST STREET ADDRESS STREET ADDRESS 1505 LA COSTA DR WEST PEMBROKE PINES FL 33027 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Change TITLE ☐ Delete TITLE Addition 200023108842 NAME 09/16/03--01055--002 \*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 8

## Linda M. Price 1505 La Costa Drive West Pembroke Pines, Florida 33027 Phone (954) 433-2269 Fax (954) 433-1339

September 12, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Shandebi Corporation # P 99000034014

To Whom It May Concern:

Please be advised that due to my husband passing away on November 8, 2002, I did not receive the first notice regarding the fees due your office. The "Second Notice" was the first time I became aware of the situation. Therefore, I respectfully request that you abate any penalties for Reasonable Cause.

Thank you so much for your kind consideration.

Linda M. Price, President

Shandebi Corporation

Sincerely yours,