

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90082 050 ***150.00

DOCUMENT # S67603

1. Entity Name

S.H. LIMITED INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

**100 NORTH WILKES BARRE BLVD
 WILKES BARRE PA 18702**

**100 NORTH WILKES BARRE BLVD
 WILKES BARRE PA 18702-5235**

DUUJJJJI



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt # etc

City & State

City & State

4. FEI Number

65-0274358

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH ONE ISLAND ROAD
 PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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's signature required when first starting)

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTZMAN, SEYMOUR	
STREET ADDRESS	300 SE 5TH AVE #8100A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCIANDRA, MARIA	
STREET ADDRESS	100 N. WILKES BARRE BLVD	
CITY-ST-ZIP	WILKES BARRE PA	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VERANO, JAMES R	
STREET ADDRESS	100 N. WILKES BARRE BLVD	
CITY-ST-ZIP	WILKES BARRE PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Maria Scindra - Secretary 2/25/00 (570) 822-6277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CD/CE/CF/CG/CH/CI/CJ/CK/CL/CM/CN/CO/CP/CQ/CR/CS/CT/CC/CH/CI/CJ/CK/CL/CM/CN/CO/CP/CQ/CR/CS/CT/CC