

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91339 025 ***150.00

DOCUMENT # P00000046782

1. Entity Name
SHORTY'S IV, INC.



Principal Place of Business
**9150 SW 87TH AVE., SUITE 205
MIAMI FL 33176**

Mailing Address
**9150 SW 87TH AVE., SUITE 205
MIAMI FL 33176**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1016182**

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

**GREENFIELD, ALAN E ESQ.
2600 DOUGLAS RD., SUITE 911
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VASTURO, MARK**
STREET ADDRESS **9150 SW 87 AVENUE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **ST** ☐ Change ☒ Addition
NAME **Arturo Iglesias**
STREET ADDRESS **9150 SW 87 AVENUE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VP** ☐ Delete
NAME **JABLONSKI, GARY**
STREET ADDRESS **9150 SW 87 AVENUE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **KEARNS, MATTHEW**
STREET ADDRESS **9150 SW 87 AVENUE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **WALLINS, SANFORD**
STREET ADDRESS **9150 SW 87 AVENUE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **GHEEM, KENNETH V**
STREET ADDRESS **9150 SW 87 AVENUE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/03** Daytime Phone # **(305) 595-1672**

CR2E034 (10/02)