

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 223993

1. Entity Name

SHANGRI-LA HOUSE, INC

Principal Place of Business

Mailing Address

428 COLLINS AVENUE
MIAMI BEACH FL 33139

428 COLLINS AVENUE
MIAMI BEACH FL 33139-6655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-6071210

Applied For
Not Applicable

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

REITMAN, OFELIA
428 COLLINS AVE #9
MIAMI BEACH FL 33139

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 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, 2000 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

TITLE P
NAME GILBERT, MIRO ☒ Delete
STREET ADDRESS 428 COLLINS AVE #1
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE V
NAME ROGOFF, THERESA ☐ Delete
STREET ADDRESS 428 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL

TITLE ST
NAME REITMAN, OFELIA ☐ Delete
STREET ADDRESS 428 COLLINS AVE #9
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE T
NAME FREIDMAN, HERBET ☐ Delete
STREET ADDRESS 428 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE EDUARDO VELAZO ☒ Change ☐ Delete
NAME
STREET ADDRESS 428 COLLINS AVE #12A
CITY-ST-ZIP MIAMI BEACH FL 33139
NEW PRESIDENT

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

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

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

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

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

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:

Ofelia Reitman
SECRETARY/TREASURER
OFELIA REITMAN

Date

Daytime Phone #

2-3-00 305-531178

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90025 031 ***150.00

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DO NOT WRITE IN THIS SPACE