

2004 AR BUSINESS REPORT (UBR)

DOCUMENT # 223993

1. Entity Name

SHANGRI-LA HOUSE, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -1 AM 8:00

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 resigning)

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, 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 NAME	P RAUL ZALDIVAR <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	428 COLLINS AVE # MIAMI BEACH FL 33139
TITLE NAME	V ROGOFF, THERESA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	428 COLLINS AVE. MIAMI BEACH FL
TITLE NAME	ST REITMAN, OFELIA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	428 COLLINS AVE #9 MIAMI BEACH FL 33139
TITLE NAME	T FREIDMAN, HERBET <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	428 COLLINS AVE MIAMI BEACH FL
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	300030468173 03/15/04--01043--001 **150.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Ofelia Reitman
OFELIA REITMAN

2/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #