

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 494716

1. Entity Name

SHUTAN ASSOCIATES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90052 037 ***150.00

Principal Place of Business

Mailing Address

~~1082 SW 158 AVE.~~
PEMBROKE PINES FL 33027

~~1082 SW 158 AVE.~~
PEMBROKE PINES FL 33027-2246

New Address 3/28 12339 SW 12th - Pk Pina

2. Principal Place of Business

3. Mailing Address

#1-33025

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1672095

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

NATHAN SHUTAN

1082 SW 158 AVE

PEMBROKE PINES FL ~~33027~~ *33025*

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 *Nathan Shutan*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHUTAN, NATHAN
~~1082 SW 158 AVE.~~
PEMBROKE PINES FL ~~33027~~ *33025*

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
ST
SHUTAN, LEE
~~1082 SW 158 AVE.~~
PEMBROKE PINES FL ~~33027~~ *33025*

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Nathan Shutan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000

Date

954-432-9419

Daytime Phone #

CR2E034 (9/99)