## 00\UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT# **498853** SHELLY ENTERPRISES, INC. 04-27-2000 90017 042 \*\*\*150.00 Mailing Address Principal Place of Business 9200 S. DADELAND BLVD. ---- S. DADELAND BLVD. SUITE 617 --::<u>-</u> 617 MIAMI FL 33156-2714 FL 33156 2. Principal Place of Business 3. Mailing Address 9200 S. Dadeland Blvd. 9200 S. Dadeland Blvd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 700 Suite 700 Applied For City & State 4. FEI Number City & State 59-1660569 Not Applicable Miami, Florida Miami, Florida Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33156 U.S.A Fee Required 33156 U.S.A 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name <u>Green, Jerry</u> GREEN, JERRY Street Address (P.O. Box Number is Not Acceptable) 9200 S. Dadeland Blvd, 9200 S. DADELAND BLVD. SUITE 617 Suite 700 **MIAMI FL 33156** City Zip Code 33156 Miami 8. The above period entity submits this statement for the gurpose of changing its registered office or registered agent, or both, in the State of Florida. Jerry Green, ST SIGNATURE (NOTE: Registered Agent signature required when reinstating) of egistered agent and title if applicable ped or printed name FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change PD ☐ Delete TITLE TITLE GREEN, HARRY NAME STREET ADDRESS STREET ADDRESS 2250 NOVA VILLAGE DRIVE CITY-ST-ZIP CITY-ST-7IP DAVIE FL ☐ Change ☐ Addition ST ☐ Delete TITLE GREEN, JERRY NAME STREET ADDRESS STREET ADDRESS 9200 S DADELAND BLVD #617 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE HANNAH, GREEN NAME NAME STREET ADORESS STREET ADDRESS 2250 NOVA VILLAGE DR CITY-ST-ZIP CITY-ST-ZIP DAVIE FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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 ampowered to execute his 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 SIGNATURE <del>Je</del>rry Green. STApril SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)