

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90075 004 ***150.00

DOCUMENT # 644611

1. Entity Name

CHARLES SHAPIRO & ASSOCIATES, INC.

Principal Place of Business

**3852 SHERIDAN STREET
HOLLYWOOD FL 33021**

Mailing Address

**3852 SHERIDAN STREET
HOLLYWOOD FL 33021**

2. Principal Place of Business

4405 TAYLOR STREET

3. Mailing Address

4405 TAYLOR STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

Zip

33021

Country

USA

4. FEI Number

59-1952279

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

**SHAPIRO, CHARLES
3850 SHERIDAN ST
HOLLYWOOD FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

4405 TAYLOR STREET

City

HOLLYWOOD

FL

Zip Code

33021

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

CHARLES SHAPIRO

4/24/01

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, 2001 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 **PD** ☐ Delete
NAME **SHAPIRO, CHARLES**
STREET ADDRESS **3850 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **SHAPIRO, CHARLES**
STREET ADDRESS **4405 TAYLOR STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **ST** ☐ Delete
NAME **SHAPIRO, ANNA**
STREET ADDRESS **3850 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **ST** ☒ Change ☐ Addition
NAME **SHAPIRO, ANNA**
STREET ADDRESS **4405 TAYLOR STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Anna Shapiro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anna Shapiro, Secretary/treas. 4/24/01 954-989-5255

Date

Daytime Phone #

CR2E034 (10/00)