

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90081 046 ***150.00

DOCUMENT # 644611

1. Entity Name

CHARLES SHAPIRO & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3852 SHERIDAN STREET

Suite, Apt. #, etc.

3. Mailing Address

3852 SHERIDAN STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

4. FEI Number
59-1952279

Applied For

Not Applicable

Zip
33021

Country
USA

Zip
33021

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CHARLES SHAPIRO

Street Address (P.O. Box Number is Not Acceptable)
3850 SHERIDAN STREET

City
HOLLYWOOD FL Zip Code
33021

**DO NOT WRITE
IN THIS SPACE**

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, PRESIDENT

4-15-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinsuring)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY- ST- ZIP	PD SHAPIRO, CHARLES 4405 TAYLOR STREET HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SHAPIRO, CHARLES 3850 SHERIDAN STREET HOLLYWOOD FL 33021
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anna Shapiro **ANNA SHAPIRO, Secretary-treasurer** **4-15-02** **954-989-5255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)