2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 651158

FILED Mar 30, 2001 8:00 am

1. Entity Name SHAPAR REALTY CO.						Secretary of State 03-30-2001 90319 011 ***150.00				
e of Busines	Mailing Address 19 PINTA RD., MIAMI FL 33133				v v		v			
						1 1 08 110 01104 01101 1700 1700 1100 81101 12				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc.								
						DO NOT WRITE IN THIS SPACE				
		City & State		4. (22-23411/4					
		Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name	and Address of Current I	Registered Agent		Namo	7. 1	Name and Address of New Reg	istered Ag	ent		
SHANDLOFF, NED M.										
				Street Addres	3 (1 .0. 0	- Total Is Not Acceptable				
AOOEMOAL	L L 00001		-	City			FI	Zip Code	e	
namad antit	v submits this statement for	the number of changing	ite register	art office or regi	stered an	ent, or both, in the State of Florid				
oration is elig	ible to satisfy its Intangible	FILE NOV	W!!! FEE 2001 Fee	IS \$150.00 will be \$550.0	0		DATE			
	OFFICERS AND		12.	<u> </u>		L DITIONS/CHANGES TO OFFICE	ERS AND D	RECTORS	S IN 11	
19 PINTA		☐ Delete	nam Stre	e et address				_ Change	☐ Addition	7000
PD SCHAPIR 454-347 F	PROSPECT AVE.	☐ Delete	NAM STRE	et address			Ε	Change	☐ Addition	
SD SHANDLO 9497 OLD	OFF, NED M.	Delete	NAM STRE	ET ADDRESS	·		[_ Change	☐ Addition	
		☐ Delete	nam Stre	e et address			C	_ Change	☐ Addition	İ
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	e of Busines lace of Busines #, etc. # etc. # Signature, typed praction is elig requirement aria on back) VD SHANDLO 19 PINTA MIAMI FL PD SCHAPIRO 454-347 F W. ORAN SD SHANDLO 9497 OLD 9497 OLD	REALTY CO. e of Business #, etc. e Country 6. Name and Address of Current F NDLOFF, NED M. E SUNRISE BLVD AUDERDALE FL 33304 Inamed entity submits this statement for station is eligible to satisfy its Intangible requirement and elects to do so. ia on back) OFFICERS AND S VD SHANDLOFF, BEATRICE 19 PINTA RD. MIAM! FL PD SCHAPIRO, MORRIS 454-347 PROSPECT AVE. W. ORANGE NJ	e of Business Mailing Address 19 PINTA RD., MIAMI FL 33133 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. Country Zip 6. Name and Address of Current Registered Agent NDLOFF, NED M. E SUNRISE BLVD AUDERDALE FL 33304 Praction is eligible to satisfy its Intangible equirement and elects to do so. Is an aback) OFFICERS AND DIRECTORS VD SHANDLOFF, BEATRICE 19 PINTA RD. MIAMI FL PD Delete SCHAPIRO, MORRIS 454-347 PROSPECT AVE. W. ORANGE NJ SD Delete Delete Delete Delete	REALTY CO. e of Business Mailing Address 19 PINTA RD., MIAMI FL 33133 lace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country AUDERDALE FL 33304 City & State Country Signature, typed or printed name of registered agent and title if applicable. Paration is eligible to satisfy its Intangible requirement and elects to do so. In an back) OFFICERS AND DIRECTORS TO SHANDLOFF, BEATRICE 19 PINTA RD. MIAMI FL PD OFFICERS AND DIRECTORS STREE STREET STREET Delete TILL MAMI FL PD Delete TILL STREET Delete TILL e of Business Mailing Address 19 PINTA RD. MIAMI FL 33133 lace of Business 3. Mailing Address 4. etc. Suite, Apt. 4. etc. Country Zip Country City & State Country 6. Name and Address of Current Registered Agent NoLOFF, NED M. E SUNRISE BLVD AUDERDALE FL 33304 City Inamed entity submits this statement for the purpose of changing its registered office or registered in the experiment and elects to do so. In an back) OFFICERS AND DIRECTORS VD SHANDLOFF, BEATRICE 19 PINTA RD. MIAMI FL PD SCHAPIRO, MORRIS 454-347 PROSPECT AVE. W. ORANGE NJ SD SHANDLOFF, NED M. 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Certificate of Status Desired Country Zip Country 5. Certificate of Status Desired Sun and Address of Current Registered Agent 7. Name and Address of New Reg Name Name Name Name NoLOFF, NED M. Stroet Address (P.O. Box Number is Not Acceptable) City City City City City City City City Street Address (P.O. Box Number is Not Acceptable) City City City City City Suprature, liped or printed name of ingitized agent and late it applicable FILE NOW!!! FEE Is \$150.00 City City City Suprature, liped or printed name of ingitized agent and late it applicable (NOTE: Registered Agent synature regulate views institution) Suprature, liped or printed name of ingitized agent and late it applicable (NOTE: Registered Agent synature regulate views institution) Suprature, liped or printed name of ingitized agent and late it applicable (NOTE: Registered Agent synature regulate views institution) Suprature, liped or printed name of ingitized agent and late it applicable (NOTE: Registered Agent synature regulate views institution) Suprature, liped or printed name of ingitized agent and late it applicable (NOTE: Registered Agent synature regulate views institution) Suprature, liped or printed name of ingitized agent and late it applicable (NOTE: Registered Agent synature regulate views institution) Suprature, liped or printed name of ingitized agent and late it applicable (NOTE: Registered Agent synature regulate views institution) Suprature, liped or printed name of ingitized agent and late it applicable (NOTE: Registered Agent synature regulate views institution) Suprature, liped or printed name of ingitized agent and late it applicable (NOTE: Registered Agent synature regulate views institution (NOTE: Registered Agent synature regulate views	aco of Business Mailing Address 19 PMTA RD. MAMI FL 33133 Bellow State Country S. Centificate of Status State A. FEI Number 22-2341174 Country S. Centificate of Status State Name Name Street Address of New Registered Agent City FL named enably submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL named enably submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL named enably submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL named enably submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL named enably submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL named enably submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL named enable spent agent agent agent, or both, in the State of Florida. City FL named enable spent agent agen	Country Zip Country Zip Country S. Certificate of Status Durested Stat	and Business Mailing Address 19 Pint R RD. MAM Ft. 30133 10 1 *** 15 10 10 10 10 10 10 10	

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.