

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19282

1. Entity Name

SHAW DEVELOPMENT LIMITED

Principal Place of Business

3061 NW 17TH TERRACE  
FT LAUDERDALE FL 33311

Mailing Address

3061 NW 17TH TERRACE  
FT LAUDERDALE FL 33311-1503

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P. O. BOX 8217

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33310-8217

Country

4. FEI Number

59-2509789 58-0996208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, WALTER L ESQ.

315 NE 3RD AVENUE

FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

JAMES L. SHAW

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

3061 NW 17TH TERRACE

City

FT LAUDERDALE

FL

Zip Code

33310-8217

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$300,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$300,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

SHAW, JAMES L  
3061 NW 17TH TERRACE  
FT LAUDERDALE FL 33311

STREET ADDRESS

CITY - ST - ZIP

300003272388 2  
-05/31/00--01075--023  
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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/00  
Date

954-731-6330  
Daytime Phone #

CP2E003 (9/99)