

2002 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

**P.O. BOX 8217
FT. LAUDERDALE FL 33310-8217**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 AM 10:23



2. Principal Place of Business

2189 W ATLANTIC AVE

3. Mailing Address

**C/O JAMES L SHAW
6500 NW 62ND TERRACE**

Suite, Apt. #, etc.

1189 W ATLANTIC AVE

Suite, Apt. #, etc.

5701 NW 30TH AVE

DUE BY MAY 1, 2002

City & State

DELRAY BEACH FL

City & State

PARKLAND FL

4. FEI Number

59-2509789

Applied For

Not Applicable

Zip

33444

Country

PALM BEACH

Zip

33067

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

ADDRESS CHANGE ONLY SEE 12 BELOW

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

DATE

9. Capital Contributions
as Shown on record.

\$300,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 **SHAW, JAMES L**
STREET ADDRESS **3061 NW 17TH TERRACE**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **6500 NW 62ND TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067**

STREET ADDRESS
CITY-ST-ZIP
500005575505-7
-05/21/02--01002--027
*******526.25 *****526.25**

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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

Date

Daytime Phone #

4-29-02 561-278-6295

CR2E003 (9/01)