

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

DOCUMENT # F 77876

1. Entity Name

S.H.E.K. INC

FILED

02 JUN 28 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9100 S. DADELAND BLVD

3. Mailing Address

FIVE AUGUSTA COURT

Suite, Apt. #, etc.

1510

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

NEW CITY, NY

Zip

33156

County

DADE

Zip

10956

Country

Rockland

4. FEI Number

59-2188009

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FREEDLAND, MAURICE

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

9100 S. DADELAND BLVD

SUITE 1510

City

MIAMI, FL

FL

Zip 33156

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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

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) ☐

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
KAPLAN, HARVEY
FIVE AUGUSTA CT.
NEW CITY, NY 10956

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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-07/09/02--01010--022
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Harvey Kaplan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/02

Date

845 638-1463

Daytime Phone #

CR2E034B (12/01)