

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000001139**

1. Entity Name

**ELECTRIC SHADE COMPANY OF SOUTH FLORIDA, INC.****FILED****May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90164 030 \*\*\*150.00

Principal Place of Business

Mailing Address

**1804 S.W. 31ST AVENUE  
PEMBROKE PINES FL 33009****1804 S.W. 31ST AVENUE  
PEMBROKE PINES FL 33009-2024**

2. Principal Place of Business

**2802 PARK ROAD**

3. Mailing Address

**2802 PARK ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**PEMBROKE PARK, FL**

City &amp; State

**PEMBROKE PARK, FL**

4. FEE Number

**36-4099851**

Applied For

Not Applicable

Zip  
**33009**

Country

**BROWARD**Zip  
**33009**

Country

**BROWARD**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILA, ROBERTO  
1804 S.W. 31ST AVENUE  
PEMBROKE PINES FL 33009**

Name

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

**2802 PARK ROAD**City  
**PEMBROKE PARK****FL**

Zip Code

**33009**

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) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
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	<input type="checkbox"/> Delete
	<b>KARAS, JOHN</b>	<b>25528 PADDOCK LANE</b>	<b>TOWER LAKES IL</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>VSD</b>	<b>MILA, ROBERTO</b>	<b>1804 SW 31ST AVE</b>	
		<b>PEMBROKE PINES FL</b>		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>2802 PARK ROAD</b>	<b>PEMBROKE PARK, FL</b>		
			<b>33009</b>		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/15/00**

Daytime Phone #

**(954) 983-0260**

CR2E034 (9/99)