

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90162 010 ***150.00

DOCUMENT # H59003



1. Entity Name
SHOSHANNA'S, INC.

Principal Place of Business C/O ROSA KOPEL 131 NE MIAMI GARDENS DR. APT 1504 E. NORTH MIAMI BEACH FL 33179 US	Mailing Address C/O ROSA KOPEL 1351 NE MIAMI GARDENS DR APT E-1504 NORTH MIAMI BEACH FL 33179
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-2538284** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOPEL, ROSA
1351 NE MIAMI GARDENS DR.
APT. EAST 1504
N. MIAMI BEACH FL 33179**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TS	<input type="checkbox"/> Delete
NAME KOPEL, GELA	
STREET ADDRESS 1351 NE MIAMI GARDENS DR., E., #1504	
CITY-ST-ZIP N. MIAMI BEACH FL	
TITLE PD	<input type="checkbox"/> Delete
NAME KOPEL, ROSA	
STREET ADDRESS 1351 NE MIAMI GARDENS DR., E., #1504	
CITY-ST-ZIP N. MIAMI BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **May 1, 2003** **354-3704** **305-354-3704**

CRE034 (10/02)