

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007540

1. Entity Name
SHANGRA-LA, LLC

Principal Place of Business
3004 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33308

Mailing Address
3004 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33308

FILED

01 FEB 12 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1028368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONALD WITKOWSKI, P.A.
12798 FOREST HILL BOULEVARD, SUITE 202
WELLINGTON FL 33414

Name
FLORENCE E. WIGLEY

Street Address (P.O. Box Number is Not Acceptable)
3004 NORTH ATLANTIC BLVD.

City
FT. LAUDERDALE FL Zip Code
33308

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

Florence E. Wigley
Signature, typed or printed name of registered agent and title if applicable.

2/6/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOSS, RONALD A
3004 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33308

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WIGLEY, FLORENCE E
3004 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33308

☐ Delete

TITLE
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Florence E. Wigley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/6/01

954-614-6011

Date

Daytime Phone #

CR2E083 (11/00)

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