

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032411 SP

**DOCUMENT #** L00000012775  
**1. Entity Name**  
 CAPE SHADE, LLC

**FILED**

01 JAN 29 AM 11:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 319 INDIAN TRACE #429      319 INDIAN TRACE #429  
 WESTON FL 33326      WESTON FL 33326



**2. Principal Place of Business**      **3. Mailing Address**  
 1360 NW 65<sup>TH</sup> AVENUE      1360 NW 65<sup>TH</sup> AVENUE  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 UNIT P      UNIT P  
 City & State      City & State  
 PLANTATION, FL      PLANTATION FL  
 Zip      Zip      Country      Country  
 33313      33313      USA      USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-1049315      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 SANDERS, JOEL  
 1625 N. COMMERCE PARKWAY, SUITE 225  
 WESTON FL 33326

**7. Name and Address of New Registered Agent**  
 Name SANDERS, JOEL  
 Street Address (P.O. Box Number is Not Acceptable)  
 1535 N. PARK DR.  
 SUITE 103  
 City WESTON FL Zip Code 33326

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MEMBERS**

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

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MANAGING MEMBER	HENRY PHILLIP KAPLAN	1360 NW 65 <sup>TH</sup> AVE UNIT P	PLANTATION FL 33313	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MANAGING MEMBER	SALVATORE ALHADEFF	844 HERITAGE DRIVE	WESTON FL 33326	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEMBER	OSMAN SHABOODIEN	246 BUITENCHRAC# STR.	CAPE TOWN SOUTH AFRICA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**      Date \_\_\_\_\_      Daytime Phone # (954) 321-2424

CRE083 (11/00)