

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L14876

1. Entity Name

SHAYNE, INC.

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90097 043 \*\*\*150.00

Principal Place of Business

Mailing Address

% ADRIENNE MAIDENBAUM  
 4000 HOLLYWOOD BLVD #350  
 HOLLYWOOD FL 33021  
 US

% ADRIENNE MAIDENBAUM  
 4000 HOLLYWOOD BLVD SUITE 350  
 HOLLYWOOD FL 33021-6789  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0142458

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAIDENBAUM, ADRIENNE  
 4000 HOLLYWOOD BLVD  
 SUITE 350 NORTH TOWER  
 HOLLYWOOD FL 33021

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS THOMAS, WILLIAM P.  
 CITY-ST-ZIP 2033 N.E. 24TH STREET  
 WILTON MANORS FL

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 7797 N. University Drive  
 CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS COHODES, JAY  
 CITY-ST-ZIP 2000 EDGEHILL LANE  
 COOPER CITY FL

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 5532 NW 90 Terrace  
 CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS THOMAS, ADRIENNE M.  
 CITY-ST-ZIP 2033 N.E. 24TH STREET  
 WILTON MANORS FL

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 4000 HOLLYWOOD BLVD, #350  
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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:

*AM Thomas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00 (954) 962-8889  
 Date Daytime Phone #

CR2E034 (9/99)