

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90329 001 ****75.00
 05-05-2002 90329 002 ****75.00

DOCUMENT # L14876

1. Entity Name
SHAYNE, INC.

Principal Place of Business
% ADRIENNE MAIDENBAUM
4000 HOLLYWOOD BLVD #350
HOLLYWOOD FL 33021
US

Mailing Address
% ADRIENNE MAIDENBAUM
4000 HOLLYWOOD BLVD SUITE 350
HOLLYWOOD FL 33021
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8211 W. BROWARD BLVD

3. Mailing Address
8211 W. BROWARD BLVD

Suite, Apt. #, etc.
PH-3

Suite, Apt. #, etc.
PH-3

City & State
PLANTATION, FL

City & State
PLANTATION, FL

Zip
33324

Country
USA

Zip
33324

Country
USA

4. FEI Number
65-0142458

Applied For
 Not Applicable

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
WILLIAM P. THOMAS
 Street Address (P.O. Box Number is Not Acceptable)
8211 W. BROWARD BLVD.
 City
PLANTATION FL Zip Code
33324

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 **W.P. Thomas / WILLIAM P. THOMAS, PRES.** DATE **4-22-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, WILLIAM P. 8211 WEST BROWARD BLVD PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHODES, JAY 5552 NW 90 TERRACE SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ADRIENNE M. 4000 HOLLYWOOD BLVD # 350 HOLLYWOOD FL 33021	<input checked="" 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

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
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: **W.P. Thomas, PRES** DATE **4-22-02** (954) 474-2616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)