## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)



## FILED Apr 25, 2003 8:00 am Secretary of State

1. Enlity Name SHALHUB ENTERPRISES, INC.						)	04-25-2003 90225 028 ***150.00		
Principal Place 12001 SOUTH MIAMI FL 3315	DIXIE HIGHW		Mailing Address 12001 SOUTH DIXIE HIGHWAY MIAMI FL 33156						
2. Principal Place of Business			3. Mailing Address				7		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES	
City & State			City & State				4. F	FEI Number 65-0278311 Applied For Not Applicable	
Zip	Country Zip			Country		<b>5.</b> C	Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						· . · . · · · · ·	7. N	Name and Address of New Registered Agent	
TOUMA, MICHAEL 12001 SOUTH DIXIE HIGHWAY					ĺ	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33156									
					City	Mia	1)11	FL Zip Code 33/56	
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:  Signature, typed or printed name of registered agent and title if applicable.  (NOY) Registered Agent signature required when reinstating)  DATE									
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of :	State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10.		OFFICERS AND D	IRECTOR	S	11.		ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS	ST TOUMA, N 12001 S D MIAMI FL	DIXIE HIGHWAY		Delete	TITLE NAME STREET ADDR	17:27	ja bi	Change Addition  The Aldinein  To Dixie Highway  F. 28167	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDR	ESS	<u>.</u>	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDR	•		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS			<del></del>	☐ Delete	TITLE NAME STREET ADDR	ESS		☐ Change ☐ Addition	

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Daytime Phone #

Change

☐ Addition