

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000403

1. Entity Name

SHAY SHAY MARKETING LC

Principal Place of Business

6980 S.W. 10TH STREET
PLANTATION FL 33317

Mailing Address

6980 S.W. 10TH STREET
PLANTATION FL 33317-4241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GEDAN, ROBERT
6980 S.W. 10TH STREET
PLANTATION FL 33317

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 16 AM 10:34



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0775190

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME GEDAN, ROBERT
STREET ADDRESS 6980 S.W. 10TH STREET
CITY-ST-ZIP PLANTATION FL 33317

☐ Delete

TITLE MGR
NAME IRGANG, MYRON
STREET ADDRESS 1412 WASHINGTON STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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 OR MANAGER

ROBERT GEDAN

Date

Daytime Phone #

3/13/00 954-792-3724

CR2E083 (9/99)