

2001 UNIFORM BUSINESS REPORT (UBR)

0000266 AF

DOCUMENT # L98000000704

1. Entity Name
SHPI, L.C.

FILED

01 APR 20 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
777 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131

Mailing Address
777 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0869966

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIAMI CENTER REGISTERED AGENTS
201 SOUTH BISCAYNE BLVD., 17TH FLOOR
MIAMI FL 33131

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 _____ (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

10. ADDITIONS/CHANGES

TITLE NAME MGRM LEWIN, NATHAN ☐ Delete
STREET ADDRESS 777 BRICKELL AVENUE, SUITE 1200
CITY-ST-ZIP MIAMI FL 33131

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

TITLE NAME MGRM LEVENSHON, IRA M ☐ Delete
STREET ADDRESS 777 BRICKELL AVENUE, SUITE 1200
CITY-ST-ZIP MIAMI FL 33131

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600004134326--4
CITY-ST-ZIP -05/03/01--01115--007
*****191.25 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

4/11/01

Date

Daytime Phone #

305-373-9408

CR2E083 (11/00)