

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006006

1. Entity Name

SHAMLEN INDUSTRIES LIMITED COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02

Principal Place of Business

7000 WEST PALMETTO PARK RD
STE 200
BOCA RATON FL 33433

Mailing Address

7000 WEST PALMETTO PARK RD
STE 200
BOCA RATON FL 33433

2. Principal Place of Business

7280 W. Palmetto Park Rd.

3. Mailing Address

7280 W. Palmetto Park Rd

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

304

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

USA

Zip

33433

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0959377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN

7000 WEST PALMETTO PARK RD
STE 200
BOCA RATON FL 33433

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/MANAGERS

TITLE MGR ☐ Delete
NAME ELLEN, SHAWN
STREET ADDRESS 700 WEST PALMETTO PK RD, STE 200
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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:

SHAWN M. ELLEN SHAWN ELLEN

9/6/00

561-620-8652
Daytime Phone # (214) 216

CR2E083 (5/00)