

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90625 031 ***150.00

DOCUMENT # L99535

1. Entity Name
SHANTCO EMPIRE, CORP.

Principal Place of Business

**42 NW 27TH AVE
 SUITE 309
 MIAMI FL 33125
 US**

Mailing Address

**42 NW 27TH AVE
 SUITE 309
 MIAMI FL 33125
 US**

2. Principal Place of Business

3. Mailing Address

6705 S.W. 92 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

4. FEI Number

65-0243252

Applied For

Not Applicable

Zip

Country

Zip

33156

Country

DADE

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

**SHANTIAI, HAMID
 42 NW 27TH AVE
 SUITE 309
 MIAMI FL 33125**

Name

Street Address (P.O. Box Number is Not Acceptable)

6705 S.W. 92 ST.

City

MIAMI

FL

Zip Code

33156

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

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 **PD** ☐ Delete
 NAME **SHANTIAI HAMID**
 STREET ADDRESS **42 NW 27TH AVE, SUITE 309**
 CITY-ST-ZIP **MIAMI FL 33125**

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

TITLE **S** ☐ Delete
 NAME **RAHMANPARAST, MAHMOOD**
 STREET ADDRESS **42 NW 27TH AVE, SUITE 309**
 CITY-ST-ZIP **MIAMI FL 33125**

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

TITLE **V** ☐ Delete
 NAME **AFSAR, ELAHI**
 STREET ADDRESS **42 NW 27TH AVE, SUITE 309**
 CITY-ST-ZIP **MIAMI FL 33125**

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

TITLE **V** ☐ Delete
 NAME **HAJJAR, MOHAMMAD**
 STREET ADDRESS **42 NW 27TH AVE, SUITE 309**
 CITY-ST-ZIP **MIAMI FL 33125**

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

TITLE **T** ☐ Delete
 NAME **HENDI, AHMAD**
 STREET ADDRESS **42 NW 27TH AVE, SUITE 309**
 CITY-ST-ZIP **MIAMI FL 33125**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

HAJJAR, MOHAMMAD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02 305-541-6959

CR2E034 (9/01)