## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

1. Entity Nam	MENT # M17516 SHAPIRO & KASHI, P.A.				Se	26, 200 cretary	00 8:0 of St	ate	
Principal Place of Business 633 S. ANDREWS AVE. SUITE 101 FT. LAUDERDALE FL 33301 US		Mailing Address 633 S. ANDREWS AVE. SUITE 101 FT. LAUDERDALE FL 33301-2843 US			) ( <b>52182</b> )) <del>(</del> 51	(FALL 1882) ALIAN 1888 AN	D00091	146	I <b>818</b> 11 1 <b>831</b>
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SPAC	Ξ	
City & State		City & State		4.	FEI Number	59-2556351	ĺ	, ,	plied For t Applicable
Zip 	Country	Zip	Country	<b></b> 5	Certificate of	Status Desired	□ \$8.7	5 Add Required	• •
	6. Name and Address of Current F	Registered Agent		7.	Name and Ad	Idress of New Reg	istered Agent		•
200	P, MICHAEL L. EAST LAS OLAS BLVD STE 1900 AUDERDALE FL 33301		Street Address City	s (P.O. E	Box Number is	s Not Acceptable)	F <u>L</u>   <sup>z</sup>	ip Code	<b>;</b>
SIGNATURE .  9. This corpo Tax filing r	named entity submits this statement for Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!	FEE IS \$150.00 The part signature requirements of See Telepostered Agent See Te	fred when r	einstating)	n the State of Florid  on Campaign Finan Fund Contribution.	DATE	T	O May Be to Fees
11.	OFFICERS AND I		12.		DDITIONS/CH	HANGES TO OFFICE	ERS AND DIRE	CTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SPERRY, MARTIN J. 633 S ANDREWS AVE #101 FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	711	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAPIRO, RONALD 633 S ANDREWS AVE #101 -FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		* · · · * · · · • ·	( 	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KASHI, JOSEPH 633 S ANDREWS AVE #101 FT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	Change	Addition
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indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that r wered to execute this report	ny signature shall have th as required by Chapter 6	ie same	Jegal ettect a	s it made under oat	n that iam an	officer i	or director

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