

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90039 033 ***150.00

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DOCUMENT # M74532

1. Corporation Name
TWO SHAY, INC.

Principal Place of Business
1000 BRICKELL AVENUE
888 BRICKELL AVENUE
5TH FLOOR SUITE 700
MIAMI FL 33131
US

Mailing Address
1000 BRICKELL AVENUE
888 BRICKELL AVENUE
5TH FLOOR SUITE 700
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1988

4. FEI Number

65-0042025

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 1000 BRICKELL AVE

Suite, Apt. #, etc.

22 SUITE 700

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 1000 BRICKELL AVE

Suite, Apt. #, etc.

27 SUITE 700

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME SHAY, RODGER D.
STREET ADDRESS 888 BRICKELL AVE DTH FL
CITY-ST-ZIP MIAMI FL 33131

TITLE P ☐ DELETE

NAME SHAY, RODGER D., JR.
STREET ADDRESS 888 BRICKELL AVE 5TH FL
CITY-ST-ZIP MIAMI FL 33131

TITLE ST ☐ DELETE

NAME SHAYM CIRUTAMC
STREET ADDRESS 888 BRICKELL AVE 5TH FL
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1000 BRICKELL AVENUE SUITE 700
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1000 BRICKELL AVENUE SUITE 700
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME SHAY, RYAN E.
3.3 STREET ADDRESS 1000 BRICKELL AVENUE SUITE 700
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 its predecessor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODGER D. SHAY

2/2/99

Date

305-379-6050

Daytime Phone #

CR2E034 (11/98)