

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90188 013 ***150.00

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DOCUMENT # M92716

1. Entity Name

S.H.O.P.P.E. INDUSTRIES, INC.



Principal Place of Business

121 SE 3RD AVE
STE 507
DANIA BEACH FL 33004
US

Mailing Address

121 SE 3RD AVE
STE 507
DANIA BEACH FL 33004
US

2. Principal Place of Business

1025 SE 2 AVE

3. Mailing Address

1025 SE 2 AVE

Suite, Apt. #, etc.

STE 307

Suite, Apt. #, etc.

STE 307

City & State

DANIA BEACH FL

City & State

DANIA BEACH FL

Zip

33004

Country

USA

Zip

33004

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0075294

Applied For

Not Applicable

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

COHEN, SUSAN R.

121 SE 3RD AVE

STE 507

DANIA FL 33004

1025 SE 3 AVE

SUITE 307

DANIA BEACH FL 33004

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Susan Riedler-Cohen
Signature, typed or printed name of registered agent and title if applicable.

Susan Riedler-Cohen

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RIEDLER COHEN, SUSAN**
CITY-ST-ZIP **121 SE 3RD AVE STE 507
DANIA FL 33004**

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

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Riedler-Cohen

4/7/03

Date

954
920-5211

Daytime Phone #

CR2E034 (10/02)