

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000005094**

1. Entity Name

THE EL SHADDAI EXPLOSION, INC.

02 OCT -4 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**41360**

Principal Place of Business

Mailing Address

4501 SW 28TH ST
HOLLYWOOD FL 330234501 SW 28TH ST
HOLLYWOOD FL 33023

N 010000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1123563

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

COLEMAN, GORDA
4501 SW 28TH ST
HOLLYWOOD FL 33023

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$238.25.9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	GEORDA COLEMAN	☐ Delete
NAME	4501 SW 28th St	
STREET ADDRESS	HOLLYWOOD, FL 33023	
CITY-ST-ZIP		

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

TITLE	Bd Gerald Jones	☐ Delete
NAME	5230 SW 24th St	
STREET ADDRESS	HOLLYWOOD FL 33023	
CITY-ST-ZIP		

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

TITLE	LATIS WATSON	☐ Delete
NAME	1261 NW 54th Ter	
STREET ADDRESS	LAUDERHILL, FL 33313	
CITY-ST-ZIP		

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

TITLE	Brian Coleman	☐ Delete
NAME	4501 SW 28th St	
STREET ADDRESS	HOLLYWOOD, FL 33023	
CITY-ST-ZIP		

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

TITLE	Robin Gaines	☐ Delete
NAME	1760 NW 29th Ter	
STREET ADDRESS	LAUDERDALE FL	
CITY-ST-ZIP		

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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *Robin Gaines*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/02

Date

(954)
357-8421

Daytime Phone #

CR2E037 (4/02)

9/10/12