

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90493 007 ***150.00

DOCUMENT # P00000017034

1. Entity Name

SHADOW DRAGON INDUSTRIES, INC.

Principal Place of Business

6415 COWPEN ROAD
 STE. L-104
 MIAMI LAKES FL 33014

Mailing Address

6415 COWPEN ROAD
 STE. L-104
 MIAMI LAKES FL 33014

A0033146



DO NOT WRITE IN THIS SPACE

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

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

~~CORPORATION SERVICE COMPANY~~
~~4201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2525~~

Name **ABELARDO R. DOMINGUEZ**
 Street Address (P.O. Box Number is Not Acceptable)
6415 COWPEN ROAD L-104
 City **MIAMI LAKES FL 33014**

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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **DOMINGUEZ, ABELARDO R**
 CITY-ST-ZIP **6713 SW 80TH STREET #606**
MIAMI FL 33150-1757

TITLE ☒ Change ☐ Addition
 NAME **6415 COWPEN ROAD L-104**
 STREET ADDRESS **MIAMI LAKES FL 33014**
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **DANIELS, JERRY**
 CITY-ST-ZIP **9768 NW 47TH TERRACE**
MIAMI FL 33178-1060

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABELARDO R. DOMINGUEZ

3/10/01 (305) 992-8127
 Date Daytime Phone #

CR2E034 (10/00)