

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

02-21-2002 90092 006 ***150.00

DOCUMENT # P00000017034

1. Entity Name

SHADOW DRAGON INDUSTRIES, INC.

Principal Place of Business

~~6415 GOWPEN ROAD~~
~~STE. L-104~~
~~MIAMI LAKES FL 33014~~

Mailing Address

~~6415 GOWPEN ROAD~~
~~STE. L-104~~
~~MIAMI LAKES FL 33014~~



2. Principal Place of Business

PO BOX 010291
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 010291
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL
 Zip 33101 Country USA

City & State

MIAMI FL
 Zip 33101 Country USA

4. FEI Number

75-3036144 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, ABELARDO R
~~6415 GOWPEN ROAD L-104~~
~~MIAMI LAKES FL 33014~~

Name

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

6740 NW 114 AVENUE #723

City MIAMI

FL

Zip Code 33178

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

TITLE D
 NAME DOMINGUEZ, ABELARDO R
 STREET ADDRESS 6415 GOWPEN ROAD L-104
 CITY-ST-ZIP MIAMI LAKES FL 33014

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS 6740 NW 114 AVENUE #723
 CITY-ST-ZIP MIAMI FL 33178

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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: ABELARDO DOMINGUEZ 2/09/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)