

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90049 001 \*\*\*150.00

DOCUMENT # P00000022974

1. Entity Name

SHINING THROUGH, INC.

Principal Place of Business

426 EAST ATLANTIC AVENUE  
DELRAY BEACH FL 33483

Mailing Address

C/O STAHL & ASSOCIATES  
138 N SWINTON AVE  
DELRAY BEACH FL 33444

DUPLICATE



2. Principal Place of Business

3. Mailing Address

426 E. Atlantic Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

Delray Beach FL

4. FEI Number

65-1012828

Applied For

Not Applicable

Zip

Country

Zip

Country

33483

USA

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEVENSON, MICHAEL

426 EAST ATLANTIC AVENUE  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name Carlos Diaz - Ritter

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

426 E. Atlantic Avenue

City Delray Beach

FL

Zip Code 33483

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

1-24-02

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. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME

DPST  
 STEVENSON, MICHAEL  
 426 EAST ATLANTIC AVENUE  
 DELRAY BEACH FL 33483

☒ DeleteSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME

DVP  
 RITTER, CARLOS D  
 426 E ATLANTIC AVE  
 DELRAY BEACH FL 33483

☐ DeleteSTREET ADDRESS  
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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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)