4/26/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
04-26-2001 90009 049 ***150.00

DOCUMENT # P00000076520

1. Entity Name
SHORTY'S V, INC.

Principal Place of Business	Mailing Address
9150 SW 87TH AVE. SUITE #205 MIAMI FL 33176	9150 SW 87TH AVE. SUITE #205 MIAMI FL 33176

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

65-1035527

4. FEI Number 65-1035527 ☐ 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
GREENFIELD, ALAN E 2600 DOUGLAS RD, SUITE 911 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City / 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.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST VAN GHEEM, KENNETH 9150 SW 87TH AVE, SUITE #205 MIAMI FL 33176	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENFIELD, ALAN E 2600 DOUGLAS RD, SUITE 911 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mark Vasturo 9150 SW 87 Ave. Miami FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mark Vasturo 9150 S.W. 87 Ave. Miami, Fl. 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Gary Jablonski 9150 SW 87 Ave. Miami FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Gary Jablonski 9150 S.W. 87 Ave. Miami, Fl. 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary-Treasurer Sanford Wallins 9150 SW 87 Ave. Miami FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary-Treasurer Sanford Wallins 9150 S.W. 87 Ave. Miami, Fl. 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Ken Van Gheem 9150 SW 87 Ave. Miami FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Ken Van Gheem 9150 S.W. 87 Ave. Miami, Fl. 33176	☐ Change ☒ Addition

CR2E034 (10/00)

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: _____ 4-17-01 595-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

~~SW~~ Wallins Sec.-Treasurer 5-8-01 595-1622