

2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
Jun 04, 2001 8:00 am
Secretary of State

04-25-2001 90122 008 ***150.00
 06-04-2001 90019 025 ***150.00

DOCUMENT # P00000078210

1. Entity Name
THE LONGSHOREMEN'S NEWS, INC.

Principal Place of Business Mailing Address
17150 COLLINS AVENUE **17150 COLLINS AVENUE**
SUITE 105-158 **SUITE 105-158**
SUNNY ISLE FL 33160 **SUNNY ISLE FL 33160**

2. Principal Place of Business 3. Mailing Address
17150 COLLINS AVE **17150 COLLINS AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
105-158 **105-158**

City & State City & State
SUNNY ISLE, FLORIDA **SUNNY ISLE, FLORIDA**
 Zip Country Zip Country
33160 **DADE** **33160** **DADE**

4. FEI Number Applied For
65-1032763 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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SHERMAN, STANLEY	
STREET ADDRESS	17150 COLLINS AVENUE SUITE 105-158	
CITY-ST-ZIP	SUNNY ISLE FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY SHERMAN	
STREET ADDRESS	17150 COLLINS AVE (STE 105-158)	
CITY-ST-ZIP	SUNNY ISLE, FLA 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Stanley Sherman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 (786-683-4363)
Date Daytime Phone

CR2E034 (10/00)