

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90226 037 ***150.00

0563612

DOCUMENT # P00000097639

1. Entity Name
SHANG HAN LUN, INC.

Principal Place of Business 2501 S. FEDERAL HWY. FT. PIERCE FL 34984	Mailing Address 2501 S. FEDERAL HWY. FT. PIERCE FL 34984
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00050213



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 135-46-6853	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, DAVID S
2501 S. FEDERAL HWY.
FT. PIERCE FL 34984

7. Name and Address of New Registered Agent

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETERSON, DREW L			
STREET ADDRESS: 2501 S. FEDERAL HWY.			
CITY-ST-ZIP: FT. PIERCE FL 34984			
NAME: COHEN, DAVID S			
STREET ADDRESS: 2501 S. FEDERAL HWY.			
CITY-ST-ZIP: FT. PIERCE FL 34984			
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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 another line empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2001 561-464-3598
Date Daytime Phone #

CR2E034 (10/00)