

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90473 046 \*\*\*150.00  
 05-06-2002 90066 021 \*\*\*150.00

DOCUMENT # P00000 102281  
 1. Entity Name SHEN PLACE CORP

Principal Place of Business 3899 NW 7th Street Mailing Address 3899 NW 7th Street  
MIAMI FL 33126 MIAMI FL 33126

2. Principal Place of Business 3899 NW 7th Street 3. Mailing Address 3899 NW 7th Street  
 Suite, Apt. #, etc. Suite 203 Suite, Apt. #, etc. Suite 203  
 City & State MIAMI FL City & State MIAMI FL  
 Zip 33126 Country US Zip 33126 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1052368 Applied For ☐ Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent  
MARTIN, ALEJANDRO  
1647 NE MIAMI GARDENS DRIVE 225  
N. MIAMI BEACH FL 33179  
 7. Name and Address of New Registered Agent  
 Name MARTIN, ALEJANDRO  
 Street Address (P.O. Box Number is Not Acceptable) 1647 NE MIAMI GARDENS DRIVE 225  
 City N. MIAMI BEACH FL 33179

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] DATE 4/02/02  
 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<u>PRESIDENT</u>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>MARTIN, MARCOS</u>		NAME		
STREET ADDRESS	<u>1647 NE MIAMI GARDENS DRIVE 225</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>NMB FL 33179</u>		CITY-ST-ZIP		
TITLE	<u>VICE PRESIDENT</u>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>MARTIN, ALEJANDRO</u>		NAME		
STREET ADDRESS	<u>1647 NE MIAMI GARDENS DRIVE 225</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>N. MIAMI BEACH FL 33179</u>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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 all other like empowered.

SIGNATURE: [Signature] 4/22/02

CR2E034 (11/00)