

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90114 046 \*\*\*150.00

DOCUMENT # P00000102281

1. Entity Name  
SHEIN PLACE CORP.

D/B/A



Principal Place of Business  
3899 NW 7TH STREET  
SUITE 203  
MIAMI FL 33126

Mailing Address  
3899 NW 7TH STREET  
SUITE 203  
MIAMI FL 33126

2. Principal Place of Business  
1096 W. 49 St.

3. Mailing Address  
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Hialeah, FL

City & State

4. FEI Number 65-1052368

Applied For  
Not Applicable

Zip 33012

Country USA

Zip

Country

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 Pineda Piz

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

1096 W. 49 St.

City Hialeah

FL

Zip Code 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME MARTIN, MARCOS  
STREET ADDRESS 1647 NE MIAMI GARDENS DRIVE 225  
CITY-ST-ZIP N. MIAMI BEACH FL 33179

☒ Delete

TITLE VP  
NAME MARTIN, ALEJANDRO  
STREET ADDRESS 1647 NE MIAMI GARDENS DRIVE 225  
CITY-ST-ZIP N. MIAMI BEACH FL 33179

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME Pineda Piz  
STREET ADDRESS 1096 W. 49 St.  
CITY-ST-ZIP Hialeah, FL 33012

☒ Change ☐ Addition

☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)