

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.
City & State **Hialeah, FL.**

Suite, Apt. #, etc.
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**

CHECK HERE IF MAKING CHANGES



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 **ROSA 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 (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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, MARCOS	
STREET ADDRESS	1647 NE MIAMI GARDENS DRIVE 225	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, ALEJANDRO	
STREET ADDRESS	1647 NE MIAMI GARDENS DRIVE 225	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
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	P/STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSA PIZ	
STREET ADDRESS	1096 W. 49 St. Hialeah, FL.	
CITY-ST-ZIP	33012.	
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		

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 #

CRE034 (10/02)