

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000007193

1. Entity Name

SHIBA CORPORATION

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91193 049 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

800 NE 1st STREET

3. Mailing Address

PO BOX 301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BELLE GLADE FL 33430

City & State

BELLE GLADE FL 33430

Zip

33430

Country

USA

Zip

33430

Country

USA

4. FEI Number

65-1068512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RICHARD L HEFFERNAN CPA

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

2911 E MAIN STREET

City

PAHOKEE

FL

Zip Code

33476

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

(NOTE: Registered Agent signature is required when transacting)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	BIZJAK, SHELLY	800 NE 1ST ST	BELLE GLADE FL 33430

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  /Shelly Bizjak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-14-02

(561)992-8614

Date

Displaying Properly

Attachment # P01000007193/674702

RICHARD L. HEFFERNAN, P. A.

CERTIFIED PUBLIC ACCOUNTANT

P. O. BOX 617

2911 EAST MAIN STREET

PAHOKEE, FLORIDA 33476

(561) 924-7989

FAX (561) 924-7450

MEMBER

AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER

NATIONAL SOCIETY OF  
TAX PROFESSIONALS

State Of Florida  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

November 19, 2001

Re: Shiba Corporation  
Document Number: P01000007193

Dear Sir/Madam:

This writing is to request change of address of the aforementioned corporation:

**Physical Address**

800 N.E. 1<sup>st</sup> Street  
Belle Glade, FL 33430

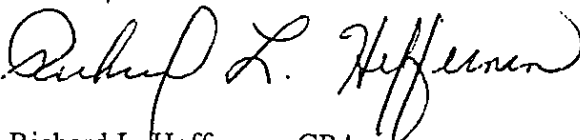
**Mailing address**

C/O Shelley Bizjak  
P.O. Box 301  
Belle Glade, FL 33430

This change is effective immediately, all correspondence must be sent to this new address. No other changes are to be recorded at this time.

If you have any additional questions, please contact my office. Thank you.

Yours truly,



Richard L. Heffernan, CPA  
RICHARD L. HEFFERNAN, P.A.