

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91351 018 \*\*\*150.00

**DOCUMENT #** P01000020695  
1. Entity Name  
C. Shaw Enterprises, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6642 Thornhill Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
6642 Thornhill Ct.  
Suite, Apt. #, etc.

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

Zip Country  
33433 USA

Zip Country  
33433 USA

4. FEI Number  
65-1085994

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  
Andrew N. Cove, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
225 South 21st Ave.

City  
Hollywood

FL Zip Code  
33020

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 \_\_\_\_\_

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	President Cynthia M. Shaw 6642 Thornhill Ct. Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Cynthia Shaw Cynthia Shaw 5-1-02 (561)417-8868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)