

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90886 008 ***158.75

DOCUMENT # **P01000023158**

1. Entity Name

SHEPARD ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9240 SW 72 ST

3. Mailing Address

9240 SW 72 ST

Suite, Apt. #, etc.

SUITE #216

Suite, Apt. #, etc.

SUITE #216

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1136215

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SKRLD, INC

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

201 ALHAMBRA CIRCLE

SUITE 1102

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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 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
ANTONIO SARMIENTO
9240 SW 72 ST, SUITE 216
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

Daytime Phone #

CR2E034B (12/01)