

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90130 001 ***550.00

DOCUMENT # P01000059938

1. Entity Name
MU SHU, INC.

Principal Place of Business
4365 S.W. 51ST ST.
FT. LAUDERDALE FL 33314

Mailing Address
4365 S.W. 51ST ST.
FT. LAUDERDALE FL 33314

2. Principal Place of Business

3180 Stirling Road

3. Mailing Address

3180 Stirling Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-111-1921

Applied For

Not Applicable

Zip

Country

33021 USA

Zip

Country

33021 USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OVERBY, KELLY
1360 EAST COAST DR.
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name **Kimberly Walker**
 Street Address (P.O. Box Number is Not Acceptable) **4365 SW 51st Street**
 City **Dania** FL **33314**

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 fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/11/02

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

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	OVERBY, KELLY	
STREET ADDRESS	1360 EAST COAST DR.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN DER WATER, KIMBERLY	
STREET ADDRESS	4365 S.W. 51ST ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAGER, NICOLE	
STREET ADDRESS	4365 S.W. 51ST ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eleonora Bonfini	
STREET ADDRESS	7591 SW 42nd St.	
CITY-ST-ZIP	Dania, FL 33314	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 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

8/11/02 954 985-8840

Date

Daytime Phone #

CR2E034 (4/02)