

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90325 042 ***150.00

DOCUMENT # P01000060323

1. Entity Name
XTREME PUBLISHING ENTERPRISES, INC.



Principal Place of Business
**20911 JOHNSON STREET STE 104
PEMBROKE PINES FL 33029**

Mailing Address
**20911 JOHNSON STREET STE 104
PEMBROKE PINES FL 33029**

2. Principal Place of Business
115 MARION RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State

Zip Country
33023 USA

Zip Country

4. FEI Number **65-1115050**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIM, MICHAEL
20911 JOHNSON STREET STE 104
PEMBROKE PINES FL 33029**

Name

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

City

FL

Zip Code

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 title if applicable.

(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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
PD	SHIM, MICHAEL	19410 NE 4 COURT	PEMBROKE PINES FL 33029	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SHIM, NICHOLAS	19410 NE 4 COURT	PEMBROKE PINES FL 33029	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	SHIM, KATHLEEN	19410 NE 4 COURT	PEMBROKE PINES FL 33029	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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: SKD Shim **RECKATHLEEN Shim** 4/23/03 (954) 441-7345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #