FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90363 032 ***150.00

DOCUMENT # P01000033360

1. Entity Name
SHANTEC INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
662 N.E. 195 ST.	SAME
Suite, Apt. #, etc. NONE	Suite, Apt. #, etc.
City & State NORTH MIAMI, FL	City & State
Zip 33179 Country DADE	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0642056 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name RICHARD P. GREENE

Street Address (P.O. Box Number is Not Acceptable) 2455 E. SUNRISE BOULEVARD

SUITE 905

City FT. LAUDERDALE FL Zip Code 33304

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	PRESIDENT / SECRETARY
NAME	HUBERT B. DATES. JR.
STREET ADDRESS	180 HARBOR DR. KEY BISCAYNE. FL
CITY-ST-ZIP	33149
TITLE	VICE PRESIDENT / TREASURER
NAME	LAWRENCE M. SHANLEY
STREET ADDRESS	662 N.E. 195 ST.
CITY-ST-ZIP	MIAMI. FL. ~~33179~~ 33179
TITLE	
NAME	BARRY T. KATZEN, DIRECTOR
STREET ADDRESS	662 N.E. 195 ST.
CITY-ST-ZIP	NORTH MIAMI. FL. 33179
TITLE	DIRECTOR
NAME	GARY S. BECKER
STREET ADDRESS	662 N.E. 195 ST.
CITY-ST-ZIP	NORTH MIAMI. FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: _____ HUBERT B. DATES. JR. 4-24-2002 305-361-5561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #