

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90190 030 \*\*\*150.00

**DOCUMENT # P01000070681**

**1. Entity Name**  
**SHANI MANAGEMENT, INC.**



**Principal Place of Business**  
**9055 WEST SUNRISE BLVD.**  
**PLANTATION FL 33322**

**Mailing Address**  
**1401 NE 123RD ST**  
**N. MIAMI FL 33161**

**JUUU6671**



CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**65-1129081**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WAYNE, ROBERT**  
**1225 S.W. 87TH AVENUE**  
**MIAMI FL 33174**

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 \_\_\_\_\_ (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	PD	<input type="checkbox"/> Delete
NAME	RAPAPPORT, ZIV	
STREET ADDRESS	1401 NE 123RD ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAPAPPORT, RINAT	
STREET ADDRESS	1401 NE 123RD ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 or without being empowered.**

**SIGNATURE:** SIGNATURE REQUIRED RAPAPPORT 1/16/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)