

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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90118 032 \*\*\*150.00

DOCUMENT # *P01000086104*

1. Entity Name

*Almunirah Enterprise, Inc*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*5091 Perignon Way*

Suite, Apt. #, etc.

3. Mailing Address

*5091 PERIGNON WAY*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Coral Springs FL*

Zip  
*33067*

Country

City & State  
*Coral Springs FL*

Zip  
*33067*

Country

4. FEI Number

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 *HAZEL SHOCKLEY*

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

*5091 PERIGNON WAY*

City *CORAL SPRINGS*

FL

Zip Code *33067*

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

*Hazel Shockley*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*7 April 03*

January 1 - May 1 Fee is **\$150.00**

After May 1, Fee is **\$550.00**

Amended UBR is **\$61.25**

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

TITLE *PRESIDENT*  
NAME *HAZEL SHOCKLEY*  
STREET ADDRESS *5091 PERIGNON WAY*  
CITY-ST-ZIP *CORAL SPRINGS FL 33067*

TITLE *VICE PRESIDENT*  
NAME *DAVID SHOCKLEY*  
STREET ADDRESS *5091 PERIGNON WAY*  
CITY-ST-ZIP *CORAL SPRINGS FL*

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Hazel Shockley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*HAZEL SHOCKLEY 7 APR 03 954 575 8775*

CR2E034B (12/02)