

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

**FILED**  
**Jul 15, 2003 8:00 am**  
**Secretary of State**

07-15-2003 90022 027 \*\*\*550.00

0063492 AV

**DOCUMENT # P01000100596**

**1. Entity Name**  
**SHAPIRO VENTURES, INC.**



**Principal Place of Business**  
**1800 N.E. 114TH ST., APT. 1610**  
**MIAMI FL 33181**

**Mailing Address**  
**1800 N.E. 114TH ST., APT. 1610**  
**MIAMI FL 33181**



**2. Principal Place of Business**

**3. Mailing Address**  
**9100 So. Dadeland Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**901**

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Miami, Florida**

**4. FEI Number** **65-1145762**

Applied For  
Not Applicable

Zip Country

Zip Country  
**33156 USA**

**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**

**SHAPIRO, BARBARA**  
**1800 N.E. 114TH ST., APT. 1610**  
**MIAMI FL 33181**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **SHAPIRO, BARBARA**  
**STREET ADDRESS** **1800 N.E. 114TH ST., APT. 1610**  
**CITY-ST-ZIP** **MIAMI FL 33181**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **SHAPIRO, NORMAN**  
**STREET ADDRESS** **1800 N.E. 114TH ST., APT. 1610**  
**CITY-ST-ZIP** **MIAMI FL 33181**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**TITLE** ☐ Change ☐ Addition  
**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 all other like empowerments.**

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/8/03** Daytime Phone #: **305-899-4454**

CR2E034 (4/03)