

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

03-10-2003 90131 030 ***150.00

DOCUMENT # P02000006352

1. Entity Name
SHEKINA, INC.



Principal Place of Business
P.O. BOX 1172
BRANDON FL 33509-1172

Mailing Address
P.O. BOX 1172
BRANDON FL 33509-1172



2. Principal Place of Business
2900 W. Sample Rd.

3. Mailing Address
2900 W. Sample Rd.

Suite, Apt. #, etc.
P.O. Box 350

Suite, Apt. #, etc.
P.O. Box 350

City & State
PAMPANO BEACH, FL.

City & State
PAMPANO BEACH, FL.

Zip
33073

Country
USA

Zip
33073

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0585814

Applied For
☐ Not Applicable

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

VOROS, LASZLO
708 KENSINGTON LAKE CIR
BRANDON FL 33511

Name
2900 W. Sample Rd., P.O. Box 350
Street Address (P.O. Box Number is Not Acceptable)
2900 W. Sample Rd., P.O. Box 350
City
PAMPANO BEACH FL Zip Code
33073

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
P
JOBBAGY, ANDRAS ☒ Delete
P.O. BOX 1172
BRANDON FL 33509-1172

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTS ☐ Delete
VOROS, LASZLO
P.O. BOX 1172
BRANDON FL 33509-1172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President / Treasurer ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 **941**
Date Daytime Phone # **941-2049**

CR2004 (10/02)