

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT #** P02000018156

**1. Entity Name**  
SHA-BREA, INC.



03-20-2003 90385 001 \*\*\*\*88.75  
03-20-2003 90385 002 \*\*\*\*61.25

**Principal Place of Business**  
16100 NW 21ST STREET  
PEMBROKE PINES FL 33028

**Mailing Address**  
16100 NW 21ST STREET  
PEMBROKE PINES FL 33028

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

43-1973930

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



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

FORBES, YVONNE  
5961-B W HALLANDALE BCH BLVD  
HOLLYWOOD FL 33023

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

**Name** YVONNE FORBES  
**Street Address (P.O. Box Number is Not Acceptable)**  
16100 NW 21 STREET  
PEMBROKE PINES, FL.  
**City** FL **Zip Code** 33028

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

YVONNE FORBES AGENT

DATE 3/12/03

(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**

|                       |                              |                                 |
|-----------------------|------------------------------|---------------------------------|
| <b>TITLE</b>          | D                            | <input type="checkbox"/> Delete |
| <b>NAME</b>           | FORBES, YVONNE               |                                 |
| <b>STREET ADDRESS</b> | 5961-B W HALLANDALE BCH BLVD |                                 |
| <b>CITY-ST-ZIP</b>    | HOLLYWOOD FL 33023           |                                 |
| <b>TITLE</b>          | D                            | <input type="checkbox"/> Delete |
| <b>NAME</b>           | FORBES, YANIQUE              |                                 |
| <b>STREET ADDRESS</b> | 3280 CORAL RIDGE DR          |                                 |
| <b>CITY-ST-ZIP</b>    | CORAL SPRINGS FL 33065       |                                 |
| <b>TITLE</b>          | D                            | <input type="checkbox"/> Delete |
| <b>NAME</b>           | FORBES, ROLAND               |                                 |
| <b>STREET ADDRESS</b> | 16100 NW 21 ST               |                                 |
| <b>CITY-ST-ZIP</b>    | PEMBROKE PINES FL 33028      |                                 |
| <b>TITLE</b>          |                              | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                              |                                 |
| <b>STREET ADDRESS</b> |                              |                                 |
| <b>CITY-ST-ZIP</b>    |                              |                                 |
| <b>TITLE</b>          |                              | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                              |                                 |
| <b>STREET ADDRESS</b> |                              |                                 |
| <b>CITY-ST-ZIP</b>    |                              |                                 |
| <b>TITLE</b>          |                              | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                              |                                 |
| <b>STREET ADDRESS</b> |                              |                                 |
| <b>CITY-ST-ZIP</b>    |                              |                                 |

|                       |                    |  |
|-----------------------|--------------------|--|
| <b>TITLE</b>          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                    |  |
| <b>STREET ADDRESS</b> |                    |  |
| <b>CITY-ST-ZIP</b>    |                    |  |
| <b>TITLE</b>          |                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |                    |  |
| <b>STREET ADDRESS</b> | 1382 NE 146 STREET |  |
| <b>CITY-ST-ZIP</b>    | MIAMI, FL. 33161   |  |
| <b>TITLE</b>          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                    |  |
| <b>STREET ADDRESS</b> |                    |  |
| <b>CITY-ST-ZIP</b>    |                    |  |
| <b>TITLE</b>          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                    |  |
| <b>STREET ADDRESS</b> |                    |  |
| <b>CITY-ST-ZIP</b>    |                    |  |
| <b>TITLE</b>          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                    |  |
| <b>STREET ADDRESS</b> |                    |  |
| <b>CITY-ST-ZIP</b>    |                    |  |

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03 (954) 432-9040

Date

Daytime Phone #

CR2E034 (10/02)