FILED
Jul 23, 2003 8:00 am
Secretary of State

03-07-2003 90143 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55051934

[redacted]

DOCUMENT # P02000112579

1. Entity Name
THE LAW OFFICES OF ANAT SHAKED, P.A.

Principal Place of Business	Mailing Address
19111 COLLINS AVE. 502 SUNNY ISLES FL 33160	19111 COLLINS AVE. 502 SUNNY ISLES FL 33160

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
20801 Biscayne Blvd.	"
Suite, Apt. #, etc. 403	Suite, Apt. #, etc. "
City & State Aventura FL	City & State "
Zip 33180 Country USA	Zip 33180 Country "

4. FEI Number 47-0897364 ☐ 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
SHAKED, ANAT 19111 COLLINS AVE. 502 SUNNY ISLES FL 33160	Name Anat Shaked Esq. Street Address (P.O. Box Number is Not Acceptable) 20801 Biscayne Blvd. # 403 City Aventura FL Zip Code 33180

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] 6-30-03
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	Anat Shaked 20801 Biscayne Blvd. # 403 Aventura FL 33180 Officer ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Anat Shaked 20801 Biscayne Blvd. #403 Aventura FL 33180 Director ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] Anat Shaked 3-5-03 305-206-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #