

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90292 046 ***550.00

DOCUMENT # P02000119029

1. Entity Name
SHUMART INC.



Principal Place of Business
**318 N.W. 25TH STREET
MIAMI FL 33127**

Mailing Address
**318 N.W. 25TH STREET
MIAMI FL 33127**

2. Principal Place of Business
2450 NW 2nd Ave.

3. Mailing Address
2450 NW 2nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0913906

Applied For
☐ Not Applicable

Zip
33127 Country
U.S.A.

Zip
33127 Country
U.S.A.

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

**HUANG, JIMMY
318 N.W. 25TH STREET
MIAMI FL 33127**

Name
HUANG, JIMMY

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

2450 NW 2nd Ave.

City
MIAMI **FL** Zip Code **33127**

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 *Jimmy Huang* **JIMMY HUANG** **8/4/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
**PD
HUANG, JIMMY
318 N.W. 25TH STREET
MIAMI FL 33127** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUANG, JIMMY
2450 NW 2nd Ave.
Miami, FL 33127** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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: *Jimmy Huang* **JIMMY HUANG** **8/4/03** **305-576-7268**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)