2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000119128

1. Entity Name

THE SHADOW ENTERPRISES OF MIAMI, INC.



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90855 004 ***150.00

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			_			COD WE THE				
Suite, Apt. 4, etc. City & State	10261 NW 80TH CT. APT. 206			10261 NW 80TH CT. APT. 206		-) 20 11 50 10 11 0 0	 	1 8 (1881) 1891	
City & State Ci	2. Principal Place of Business			3. Mailing Address		- 1 1881/1881 (16 881/18 /181/1881/18				
City & State City & State City & State City Country City Country City City City City City City City City	Suite, Apt. #, etc.			Suite, Apt. #, etc.		- ☐ CHECK HEI	RE IF MAKIN	3 CHANGE	S	
S. Name and Address of Current Registered Agent CRUZ, JUAN F 10261 NW 80TH CT. AFT. 206 B. 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. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of registered agent, or both, in the State of Florida. Lam familiar with, and acceptables of Florida Controllation. SIGNATURE SIGNAT	City & State			City & State			4. FEI Number			Applied For
CRUZ, JUAN F 10261 NW 80TH CT. APT. 2006 HALEAH CARDEN FL 33016 6. The above named entity submits pie statement for the purpose of changing its registrored effice or registered agent, or both, in the State of Foods. I can tamiliar with, and accept the obligations of registered agent and remains of registered agent. FILE NOW!!! FEE IS 5150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO CHEFCERS AND DIFFECTORS IN IT MAKE SIREE ANDERS 10. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO CHEFCERS AND DIFFECTORS IN IT MAKE SIREE ANDERS 10. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO CHEFCERS AND DIFFECTORS IN IT MAKE SIREE ANDERS 10. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO CHEFCERS AND DIFFECTORS IN IT MAKE SIREE ANDERS 10. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO CHEFCERS AND DIFFECTORS IN IT MAKE SIREE ANDERS 10. SIREE ANDERS 10. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO CHEFCERS AND DIFFECTORS IN IT MAKE 10. SIREE ANDERS 10. SIREE A	Zip			<u> </u>	Country		1		\$8.75 A	dditional
CRUZ, JUAN F 10261 NW 80TH CT. APT. 206 HALEAH GARDEN FL 33016 5. The abbove named envity 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 collegations of registered agent are start registered agent agent. SIGNATURE Signature: APT. 206 PLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE CRUZ, JUAN F ORGEL ADDRESS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE CRUZ, JUAN F ORGEL ADDRESS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE CRUZ, JUAN F ORGEL ADDRESS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE CRUZ, JUAN F ORGEL ADDRESS 10. OFFICERS AND DIRECTORS IN 11 THE NAME SIREE ADDRESS 10. OFFICERS AND DIRECTORS IN 11 THE NAME SIREE ADDRESS 10. OFFICERS AND DIRECTORS IN 11 THE NAME SIREE ADDRESS 10. OFFICERS AND DIRECTORS IN 11 THE NAME SIREE ADDRESS 10. OFFICERS AND DIRECTORS IN 11 THE NAME SIREE ADDRESS 10. OFFICERS AND DIRECTORS IN 11 THE NAME SIREE ADDRESS 10. OFFICERS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Addition ADDITIONS (ADDRESS IN 11 Change ADDITIONS (ADDITIONS (ADDRESS IN 11 CHANGE ADDITIONS (ADDRESS IN 11 CHANGE ADDITIONS (ADDRESS IN 11 CHANGE ADDITIONS (ADDRESS IN 11 C		6. Name	and Address of Curren	t Registered Agent			7 Name and Address of No.	· Danistanad		
APT. 208 HALEAH GARDEN FL 33016 City FL Zip Code City FL Zip Cod	CRUZ, JU								Agent	
HALEAH GARDEN FL 33016 City				Street Address		reet Address (I	P.O. Box Number is Not Acceptal	ble)		
B. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	_					<u></u>		E1	Zip Co	de
Speature, typed or private name of registered appoin and titler if applicable (NOTE Registered Apent signosure required when telestating) FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	8. The above the obliga	e named entity ations of registe	submits this statement f red agent.	or the purpose of changing its	s registered off	ice or registere	ed agent, or both, in the State of	Florida. I am		I
After May 1, 2003 Fee will be \$550.00 Make Cheek Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST	SIGNATURE	Signature, typed o	printed name of registered agent	and title if applicable (NOT	F: Registered Appe	Disposit us assistation				
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C	Afte	FILE NOW!!! or May 1, 2003	FEE IS \$150.00 Fee will be \$550.00			anginature required	9. Election Campaign F	Financing		
TITLE NAME 10261 NW 80TH CT. APT. 206 HALEAH GARDENS FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST	10.		OFFICERS AND	DIRECTORS	44			_		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	CRUZ, JUAI 10261 NW (30TH CT. APT. 206	. □ Delete	NAME STREET ADDR				☐ Change	Addition
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	AME Treet address ITY-ST-ZIP			☐ Delete	NAME STREET ADDRE	SS			☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #