## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P93000001434 1. Entity Name SHEW CORP. 03-19-2001 90045 027 \*\*\*150.00 Mailing Address Principal Place of Business 2812 N 34TH AVENUE 2812 N 34TH AVENUE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 us 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0385472 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IASLOVITZ. LAUREN Street Address (P.O. Box Number is Not Acceptable) 168 CAMDEN DR **BAY HARBOUR FL 33154** Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE □ Delete TITLE WEISSMAN, STEVEN NAME NAME 4731 N. 3649 Court STREET ADDRESS STREET ADDRESS 2812 N 34 AVE CITY-ST-7IP Hollywood, F1. 33021 CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME WEISSMAN, HELEN SINAI STREET ADDRESS STREET ADDRESS 4731 N. 36 Cout 2812 N 34 AVE bollywood, Fl. 33021 CITY-ST-ZIP CITY-ST-7IP~ HOLLYWOOD FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR