

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90132 026 ***150.00

DOCUMENT # P94000020600

1. Entity Name
SHAREDADS, INC.



Principal Place of Business
**4720 NW BOCA RATON BLVD
#D-107
BOCA RATON FL 33431
US**

Mailing Address
**4720 NW BOCA RATON BLVD
#D-107
BOCA RATON FL 33431
US**



2. Principal Place of Business

3. Mailing Address

6181 MIAMI LAKES DR. EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI LAKES FL

Zip

Country

Zip

Country

33014

FL

4. FEI Number

65-0539825

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PINES, IRWIN
8656 SURREY LANE
BOCA RATON FL 33496**

FRANK

7. Name and Address of New Registered Agent

Name

FRANK BECK

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

6181 MIAMI LAKES DR. EAST

City

MIAMI LAKES

FL

Zip Code

33014

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

Frank Beck

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

TITLE **PT** ☐ Delete
NAME **PINES, IRWIN**
STREET ADDRESS **8656 SURREY LANE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ESTATE OF IRWIN PINES, OWNER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6181 MIAMI LAKES DR. EAST**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

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

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:

Frank Beck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/03

Daytime Phone #

305-231-0911

CR2E034 (10/02)