

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90056 011 ***150.00

DOCUMENT #P94000021141

1. Entity Name

SHIVERS, INC.

653389

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9400 S. DADELAND

3. Mailing Address

9400 S. DADELAND BLVD.

Suite, Apt. #, etc.

605

Suite, Apt. #, etc.

605

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-0477361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ELIOT, NORMAN A.

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

9400 S. DADELAND BLVD., SUITE 605

City

MIAMI

FL

Zip Code

33156-5

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

PD

NAME

CURTIS, PERRY

STREET ADDRESS

18103 SW 82 CT

CITY-ST-ZIP

MIAMI, FL 33

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

ST

NAME

CURTIS, MARTHA

STREET ADDRESS

18103 SW 82 CT

CITY-ST-ZIP

MIAMI, FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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TITLE

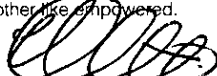
NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:



PERRY CURTIS

305-248-9475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)