2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2000 8:00 am DOCUMENT # **P94000035628 Secretary of State** 1. Entity Name SHAMBA LIMITED, INC. 02-22-2000 90054 005 ***150.00 Principal Place of Business Mailing Address 223 PERUVIAN AVENUE 223 PERUVIAN AVENUE PALM BEACH FL 33480-4635 PALM BEACH FL 33480 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 65-0569886 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROBERG, GUSTAVE T JR. Street Address (P.O. Box Number is Not Acceptable) 223 PERUVIAN AVENUE PALM BEACH FL 33480 Zip Code City FL 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. (NOTE. Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE UNDERHILL, CARL ANTHONY JR. NAME NAME STREET ADDRESS STREET ADDRESS 223 PERUVIAN AVENUE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Addition Change | ☐ Celete TITLE TITLE UNDERHILL, LYNN FENTRESS NAME NAME STREET ADDRESS 223 PERUVIAN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL 33480 ☐ 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-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 Block 12 if

ANTHONY CANDERHILL IN