

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90019 018 ***150.00

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DOCUMENT # P94000035628

1. Entity Name
SHAMBA LIMITED, INC.

Principal Place of Business
223 PERUVIAN AVENUE
PALM BEACH FL 33480

Mailing Address
223 PERUVIAN AVENUE
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address
2524 SEA ISLAND DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT. LAUDERDALE, FL

4. FEI Number **65-0569886**

Applied For
 Not Applicable

Zip Country

Zip Country
33301

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROBERG, GUSTAVE T JR.
223 PERUVIAN AVENUE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PTD** ☐ Delete
NAME **UNDERHILL, CARL ANTHONY JR.**
STREET ADDRESS **2524 SEA ISLAND DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **VPSD** ☐ Delete
NAME **UNDERHILL, LYNN FENTRESS**
STREET ADDRESS **2425 SEA ISLAND DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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 _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL ANTHONY UNDERHILL JR. **CARL ANTHONY UNDERHILL JR.** **30 MAR 2002** **954-525-9985**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)