

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90069 028 ***150.00

0112140

DOCUMENT # P94000047854

1. Entity Name
SHENDAO CORP.

Principal Place of Business
 11701 SW 2ND STREET
 APT# 306
 PEMBROKE PINES FL 33025
 US

Mailing Address
 11701 SW 2ND STREET
 APT# 306
 PEMBROKE PINES FL 33025
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
55 Northeast 212th St.
 Suite, Apt. #, etc.

3. Mailing Address
clo Jory Jordan CPA
 Suite, Apt. #, etc.
5956 West 16th Ave.

City & State
Miami Florida
 Zip
33179
 Country
US

City & State
Hialeah Florida
 Zip
33012
 Country
US

4. FEI Number **65-0501307** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSON, WILLIAM M
3001 S OCEAN BLVD #15 U
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
55 Northeast 212th St.
 City **Miami** FL Zip Code **33179**

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 _____

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, 2001 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	PSTV	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM M	
STREET ADDRESS	11701 SW 2N D STREET # 306	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM M	
STREET ADDRESS	11701 SW 2ND STREET # 306	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, William M.	
STREET ADDRESS	55 Northeast 22nd St.	
CITY-ST-ZIP	Miami FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, William M	
STREET ADDRESS	55 North east 22nd Street	
CITY-ST-ZIP	Miami FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **William M. Johnson** **Will: an M. Johnson** **3-7-01 954-684-9846**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)