

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90015 008 ***150.00

DOCUMENT # P94000080138

1. Entity Name

S.H.E. EMERALD ENTERPRISES, INC.

Principal Place of Business

Mailing Address

134 GREENS ROAD
HOLLYWOOD FL 33021

134 GREENS ROAD
HOLLYWOOD FL 33021-2841

602093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2854 Stirling Rd
Suite, Apt. #, etc.
H

2854 Stirling Rd
Suite, Apt. #, etc.
H

City & State

City & State

Hollywood FL

Hollywood FL

Zip

Country

Zip

Country

33020

USA

33020

USA

4. FEI Number

65-0539804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

WERTHEIMER, SHARLENE
134 GREEN ROAD
HOLLYWOOD FL 33021

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WERTHEIMER, SHARLENE	
STREET ADDRESS	134 GREEN ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ECKSTERN, ARTHUR	
STREET ADDRESS	134 GREEN ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input type="checkbox"/> Delete
NAME	WERTHEIMER, VALERIE	
STREET ADDRESS	60 MEADOW LANE	
CITY-ST-ZIP	LAWRENCE NY 16559	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 5-00 967-6538

CR2E034 (9/99)