2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000088364 Feb 08, 2000 8:00 am 1. Entity Name **Secretary of State** SHIMAN BROS., INC. 02-08-2000 90071 008 ***150.00 Principal Place of Business Mailing Address 11166 ISLE BROOK COURT 11166 ISLE BROOK COURT WEST PALM BEACH FL 33414-7038 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0564064 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAUFMAN, KENNETH Street Address (P.O. Box Number is Not Acceptable) 11166 ISLE BROOK COURT **WEST PALM BEACH FL 33414** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. PD TITLE ☐ Addition TITLE ☐ Delete NAME NAME KAUFMAN, KENNETH STREET ADDRESS 11166 ISLE BROOK COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Change ☐ Addition ☐ Delete TITLE TITLE COHEN, MURRAY J NAME NAME STREET ADDRESS STREET ADDRESS 3546 SOUTH OCEAN BOULEVARD CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL 33480 ☐ Change ☐ Addition Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition 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 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.

AUFMAN 2/01/00