

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2000 90316 048 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000008874

1. Entity Name
SHINE HOUSE INC.

Principal Place of Business Mailing Address
1201 SW 71ST AVE. **19960 SW 190 ST.**
MIAMI FL 33155 **MIAMI FL 33187-1806**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number **65-0561292** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PHILLIPS, SUSAN
2700 W. OAKLAND PARK BLVD.
SUITE 24C
FT. LAUDERDALE FL 33311

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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS
TITLE VP ☐ Delete
NAME **SCHEINHAUS, ED**
STREET ADDRESS **19960 SW 190 ST.**
CITY-ST-ZIP **MIAMI FL 33187**
TITLE VP ☐ Delete
NAME **SCHEINHAUS, ALAN**
STREET ADDRESS **2130 NW 99TH AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**
TITLE P ☐ Delete
NAME **SCHEINHAUS, SUSAN**
STREET ADDRESS **19960 SW 190TH ST.**
CITY-ST-ZIP **MIAMI FL 33587**
TITLE S ☒ Delete
NAME **TELLER, DIOGENES**
STREET ADDRESS **12500 SW 251 TERR**
CITY-ST-ZIP **PRINCETON FL 33032**
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
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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: *Susan Scheinhaus* **305-662-2234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)