Amended

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 DEC 15 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000008874

1. Entity Name

SHINE HOUSE INC.

Principal Place of Business	Mailing Address
~~4201~~ SW 71ST AVE. MIAMI FL 33155	19960 SW 190 ST. MIAMI FL 33187-1808

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4201 SW 71st AVE Suite, Apt. #, etc.
City & State	City & State: MIAMI FL 33155
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
PHILLIPS, SUSAN 2700 W. OAKLAND PARK BLVD. SUITE 24C FT. LAUDERDALE FL 33311	Name: JANET PHILLIPS Street Address (P.O. Box Number is Not Acceptable) 8741 NW 57th STREET City: TAMARAC FL Zip Code: 33351

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: Janet Phillips JANET PHILLIPS 12/11/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHEINHAUS, ED 19960 SW 190 ST. MIAMI FL 33187	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003514811 -2 -12/27/00 Change 110 Addition 18 *****70.00 *****0.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHEINHAUS, ALAN 2130 NW 99TH AVE. PEMBROKE PINES FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHEINHAUS, SUSAN 19960 SW 190TH ST. MIAMI FL 33187	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TELLER, DIOGENES 12500 SW 251 TERR PRINCETON FL 33032	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHEINHAUS, JAN 19960 SW 190 STREET MIAMI, FLORIDA 33187 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition KE

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 12/11/00 305-662-2234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Susan Scheinhaus