

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90435 026 ***150.00

DOCUMENT # P95000062641

1. Entity Name

SHAHEEN MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

3675 SW 24 ST
 SUITE #1
 MIAMI FL 33145
 US

3675 SW 24 ST
 SUITE #1
 MIAMI FL 33145
 US

2. Principal Place of Business

3415 Lakeview Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

3415 Lakeview Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-0598781

Applied For

Not Applicable

Zip

33445

Country

Zip

33445

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAHEEN, LISA
 3675 SW 24 ST SUITE #1
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name: Lisa Shaheen
 Street Address (P.O. Box Number is Not Acceptable):
 3415 Lakeview Blvd.
 City: Delray Beach, FL Zip Code: 33445

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: Lisa Shaheen
 Signature, typed or printed name of registered agent and title if applicable.

Lisa Shaheen
 (NOTE: Registered Agent signature required when reinstating)

4/8/02
 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, 2002 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	DPTS	<input type="checkbox"/> Delete
NAME	SHAHEEN, LISA	
STREET ADDRESS	3675 SW 24 STREET SUITE #1	
CITY-ST-ZIP	MIAMI FL 33145	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Shaheen	
STREET ADDRESS	3415 Lakeview Blvd.	
CITY-ST-ZIP	Delray Beach, FL 33445	
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		
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:

Lisa Shaheen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
 Date

(561) 865-4445
 Daytime Phone #

03686360 AV

CR2E034 (9/01)