

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000092647**

1. Entity Name  
 SHPA, INC

Principal Place of Business 1065 NE 125 ST., STE. 209  NORTH MIAMI FL 33161	Mailing Address 1065 NE 125 ST., STE. 209  NORTH MIAMI FL 33161
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2. Principal Place of Business 1065 N.E. 125TH STREET	3. Mailing Address 1065 N.E. 125TH STREET
Suite, Apt. #, etc. SUITE 321	Suite, Apt. #, etc. SUITE 321

City & State NORTH MIAMI FL	City & State NORTH MIAMI FL
Zip 33161	Country US

4. FEI Number  
**65-0651644**

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ZILBERMAN DAVID  
 1065 NE 125 ST., STE. 209  
  
 NORTH MIAMI FL 33161 US

**7. Name and Address of New Registered Agent**

Name  
 ZILBERMAN DAVID  
 Street Address (P.O. Box Number is Not Acceptable)  
 1065 N.E. 125TH STREET  
 SUITE 321  
 City NORTH MIAMI FL Zip Code 33161

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 DAVID ZILBERMAN DATE 01/29/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PST ZILBERMAN DAVID 1065 NE 125TH STREET, SUITE 209 NORTH MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ZILBERMAN DAVID 1065 N.E. 125TH STREET SUITE 321 NORTH MIAMI FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** David Zilberman **PVST** 01/29/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)