2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010552

1. Entity Name
SHANFISTRIK, INC.

FILED
02 OCT 21 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4613 N UNIVERSITY DR
LAUDERHILL FL 33351
US

Mailing Address
4613 N. UNIVERSITY DR.
LAUDERHILL FL 33351

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3357628 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
COHEN, SARI
4613 N UNIVERSITY DR
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent
Name: ISIDORO Cohen PRES.
Street Address (P.O. Box Number is Not Acceptable): 4613 N. University DR.
City: LAUDERHILL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Isidoro Cohen DATE: 7/12/02
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 $550.00
After September 13, 2002 Fee will be $750.00
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	P	☒ Delete	TITLE	TREASURER	☐ Change ☒ Addition
NAME	COHEN, SARI deceased.		NAME	MERY COHEN	
STREET ADDRESS	4613 N UNIVERSITY DR		STREET ADDRESS	4613 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	LAUDERHILL FL 33351		CITY-ST-ZIP	LAUDERHILL, FL 33351	
TITLE	V Vicepresident	☐ Delete	TITLE	400008568454	☐ Change ☐ Addition
NAME	COHEN, ISAAC		NAME	10/24/02--01066--003 **750.00	
STREET ADDRESS	4613 N UNIVERSITY DR		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33351		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COHEN, ISIDORO President		NAME		
STREET ADDRESS	4600 N UNIVERSITY DR		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33351		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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.

SIGNATURE: Isidoro Cohen Pres. 7/12/002
SIGNATURE OF A NEW OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/02)

00073647 AV

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

PRINT IN PERMANENT BLACK INK

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME — FIRST: Saari — MIDDLE: — LAST: Cohen
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 3, 2001
4. SOCIAL SECURITY NUMBER: 594-07-9139
5a. AGE-Last Birthday (years): 66
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 Day: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 15, 1935
7. BIRTHPLACE (City and State or Foreign Country): Mexico City, Mexico
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL X Inpatient ___ ER/Outpatient ___ DOA ___ OUTSIDE: ___ Nursing Home ___ Residence ___ Other (Specify)
9b. INSIDE CITY LIMITS? (Yes or No): Yes
9c. FACILITY NAME (If not institution, give street and number): Holy Cross Hospital
9d. CITY, TOWN, OR LOCATION OF DEATH: Fort Lauderdale
9e. COUNTY OF DEATH: Broward
10a. DECEDENT'S USUAL OCCUPATION: Jeweler
10b. KIND OF BUSINESS/INDUSTRY: Jewelry
11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Izzy Cohen

PARENTS

13a. RESIDENCE – STATE: Florida
13b. COUNTY: Broward
13c. CITY, TOWN, OR LOCATION: Fort Lauderdale
13d. STREET AND NUMBER: 3200 N Ocean Blvd #2207
13e. INSIDE CITY LIMITS? (Yes or No): Yes
13f. ZIP CODE: 33308
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) X No ___ Yes ___ Specify:
15. RACE – American Indian, Black, White, etc. Specify: White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 — College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Salomon Lahana
18. MOTHER'S NAME (First, Middle, Maiden Surname): Perla Israel

DISPOSITION

19a. INFORMANT'S NAME (Type/Print): Izzy Cohen
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3200 N Ocean Blvd #2207 Fort Lauderdale, Florida 33308
20a. METHOD OF DISPOSITION: X Burial ___ Cremation ___ Removal from State ___ Donation ___ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Star of David Memorial Gardens
20c. LOCATION – City or Town, State: North Lauderdale, Florida
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (of Licensee): 3086
21c. NAME AND ADDRESS OF FACILITY: Star of David Memorial Chapel, 7701 Bailey Road North, Lauderdale, Florida

CERTIFIER (To be Completed by CERTIFYING PHYSICIAN Only)

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title): Jorge Flores MD
22b. DATE SIGNED (Mo., Day, Yr.): 10/5/01
22c. HOUR OF DEATH: 11:35 A.M. P.M.
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

(To be Completed by MEDICAL EXAMINER)

23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) ▶
23b. DATE SIGNED (Mo., Day, Yr.)
23c. HOUR OF DEATH
23d. MEDICAL EXAMINER'S CASE #

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Jorge Flores, M.D. / 5700 N Federal Highway Fort Lauderdale, Florida 33308
25a. SUBREGISTRAR – SIGNATURE AND DATE
25b. LOCAL REGISTRAR – SIGNATURE: [signature]
25c. DATE REGISTERED: OCT 16 2001

CAUSE OF DEATH BY CERTIFIER

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Rheumatic Valvular disease	year
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. Congestive heart failure	year
	DUE TO (OR AS A CONSEQUENCE OF): c. Acute / Chronic Renal failure	Month
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No):
28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): No

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? ___ Yes X No
30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED.
30b. DATE OF SURGERY (Mo., Day, Year)
31. PROBABLE MANNER OF DEATH (Specify): Natural, accident, suicide, homicide, or undetermined.
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY
32c. INJURY AT WORK? (Yes or No)
32d. DESCRIBE HOW INJURY OCCURRED
32e. PLACE OF INJURY – At home, farm, street, factory, etc. (Specify)
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DH 512, 9/96 (Replaces HRS Form 512)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: Doris Owens — OCT 16 2001 — State Registrar

Deputy Chief Registrar

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

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FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10/98)

VOID IF ALTERED OR ERASED

CERTIFICATION OF VITAL RECORD