2002 UNIFORM BUSINESS REPORT (UBR)

0073647 AV

DOCUMENT # P96000010552

1. Entity Name
SHANFISTRIK, INC.

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

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

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02

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 59-3357628 ☐ 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
COHEN, SARI 4613 N UNIVERSITY DR LAUDERHILL FL 33351	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P COHEN, SARI deceased. 4613 N UNIVERSITY DR LAUDERHILL FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MERY COHEN 4613 N. UNIVERSITY DRIVE LAUDERHILL, FL. 33351 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V vicepresident COHEN, ISAAC 4613 N UNIVERSITY DR LAUDERHILL FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400008568454 10/24/02--01066--003 **750.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COHEN, ISIDORO President 4600 N UNIVERSITY DR LAUDERHILL FL 33351	☐ 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
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

CR2E034 (4/02)

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: SIGNATURE REQUIRED Isidoro Cohen Pres. 9/12/2002
Date Daytime Phone #

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 — OTHER: 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): [signature] MD — 22b. DATE SIGNED (Mo., Day, Yr.): [illegible] — 22c. HOUR OF DEATH: 11:35 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: M — 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

Part II

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

32e.

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)

32f.

31. PROBABLE MANNER OF DEATH (Specify) - Natural, accident, suicide, homicide, or undetermined. — 32a. DATE OF INJURY (Month, Day, Year) — 32b. TIME OF INJURY: M — 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)

OH 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 [signature] 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)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED