

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000019652**

1. Entity Name  
**SHABLEE'S INTERNATIONAL, INC.**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90095 006 \*\*\*150.00

Principal Place of Business  
**3409 TURF ROAD**  
**MIRAMAR, FL 33025**

Mailing Address  
**3409 TURF ROAD**  
**MIRAMAR, FL 33025**

2. Principal Place of Business  
**19100 SW 63<sup>RD</sup> STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**19100 SW 63<sup>RD</sup> STREET**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**FT. LAUDERDALE FL.**

City & State  
**FT. LAUDERDALE, FL.**

4. FEI Number  
**65-0647357**

Applied For  
☐ Not Applicable

Zip  
**33332**

Country  
**BROWARD**

Zip  
**33332**

Country  
**BROWARD**

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

6. Name and Address of Current Registered Agent  
**BAKSH, LATCHMIN**  
**3409 TURF ROAD**  
**MIRAMAR, FL 33025**

7. Name and Address of New Registered Agent  
Name  
**BAKSH, LATCHMIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**19100 SW 63<sup>RD</sup> STREET**  
City  
**FT. LAUDERDALE** FL Zip Code  
**33332**

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  
**LATCHMIN BAKSH**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**3-29-00**  
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	<b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAKSH, LATCHMIN</b>		NAME		
STREET ADDRESS	<b>3409 TURF ROAD</b>		STREET ADDRESS	<b>19100 SW 63<sup>RD</sup> STREET</b>	
CITY-ST-ZIP	<b>MIRAMAR, FL 33025</b>		CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33332</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAKSH, SHABEER</b>		NAME		
STREET ADDRESS	<b>3409 TURF ROAD</b>		STREET ADDRESS	<b>19100 SW 63<sup>RD</sup> STREET</b>	
CITY-ST-ZIP	<b>MIRAMAR, FL 33025</b>		CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33332</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **LATCHMIN BAKSH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/00**  
Date

Daytime Phone #

CR2E034 (9/99)