

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020399

1. Entity Name

SHAPIRO ENTERPRISES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90104 038 ***150.00

Principal Place of Business

Mailing Address

815 NE 3RD ST.
DANIA FL 33004

815 NE 3RD ST.
DANIA FL 33004-3401

2. Principal Place of Business

3. Mailing Address

10951 SW 42ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE FLORIDA

Zip

Country

Zip

Country

33328

USA

4. FEI Number

65-0658891

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

SHAPIRO, HOWARD
815 NE 3RD STREET
DANIA FL 33004

Name

Street Address (P.O. Box Number is Not Acceptable)

10951 SW 42 COURT

City

DAVIE

FL

Zip Code

33328

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.

HOWARD SHAPIRO

SIGNATURE Howard Shapiro

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-2000

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	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, ALAN	
STREET ADDRESS	815 NE 3RD STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, HOWARD	
STREET ADDRESS	815 NE 3RD STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Howard Shapiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000

Date

954-925-3399

Daytime Phone #

CR2E034 (9/99)