

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91414 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000076810		
1. Entity Name MANDARIN GROUP, INC.		
Principal Place of Business 5501 N. OCEAN DRIVE HOLLYWOOD, FL 33019		Mailing Address 5501 N. OCEAN DRIVE HOLLYWOOD, FL 33019
2. Principal Place of Business Property Sold		3. Mailing Address 16485 NW 13 Street
City & State Pembroke Pines		City & State Pembroke Pines
Zip 33028	Country FL	Country 33028
4. FEI Number 65-0702842		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STUBBS, SHUKI 1256 NE 89TH STREET MIAMI, FL 33138		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 SR 663 DATE 04/30/2003 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUBBS, SHUKI 1256 NE 89TH STREET MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEA, ERIC 16485 NW 13 STREET PEMBROKE PINES, FL 33028	T SHEA, ERIC 16485 NW 13 Street Pembroke Pines FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.		
SIGNATURE: Eric Shea SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 04/30/03 DAYTIME PHONE: 954-442-5135

CR2E034 (10/02)