

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90734 025 ***150.00

DOCUMENT # P97000017588

1. Entity Name
SHELI OF FLORIDA CORP.



Principal Place of Business
**1476 NW 168 AVE.
PEMBROKE PINES FL 33028**

Mailing Address
**1476 NW 168 AVE.
HOLLYWOOD FL 33028**

2. Principal Place of Business
3047 LAKEWOOD DR

3. Mailing Address
3047 LAKEWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WESTON FL.

City & State

4. FEI Number **65-0755241**

Applied For
Not Applicable

Zip **33332** Country **USA**

Zip Country

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

**MAFFONGELLI, SERGIO
1476 NW 168 AVE.
PEMBROKES PINES FL 33028**

Name **MAFFONGELLI, SERGIO**
Street Address (P.O. Box Number is Not Acceptable)
3047 LAKEWOOD DRIVE
City **WESTON** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sergio Maffongelli**
Signature, typed or printed name of registered agent and true if applicable.

PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

04/01/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DS** ☐ Delete
NAME **ABAD-PORTA, IGOR F**
STREET ADDRESS **1476 NW 168 AVE.**
CITY-ST-ZIP **PEMBROKES PINES FL 33028**

TITLE ☐ Change ☐ Addition
NAME **PLEASE JUST CHANGE**
STREET ADDRESS **ADDRESSES. THE REST**
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **MAFFONGELLI-NIGLIO, SERGIO**
STREET ADDRESS **1476 NW 168 AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Change ☐ Addition
NAME **REMAIN THE SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: **Sergio Maffongelli**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/03 (914) 8151472
Date Daytime Phone #

CR2E034 (10/02)