

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90001 046 ***150.00

DOCUMENT # P97000027790

1. Entity Name

SHIM & SHO ENTERPRISES, INC.

Principal Place of Business

21385 MARINA COVE CIRCLE
E13
AVENTURA FL 33180
US

Mailing Address

21385 MARINA COVE CIRCLE
E13
AVENTURA FL 33180
US

2. Principal Place of Business

3721 NE 200 St.

3. Mailing Address

3721 NE 200 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number 65-0773466

Applied For

Not Applicable

Zip 33180

Country Dade

Zip 33180

Country Dade

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

6. Name and Address of Current Registered Agent

KOPPERMAN, MORT
432 NE 195TH ST
N MIAMI FL 33179

7. Name and Address of New Registered Agent

Name Joey Edelsberg

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

3721 NE 200 St

City Aventura

FL

Zip Code 33180

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 Joey Edelsberg

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/01

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, 2001 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 ☐ Delete
NAME EDELSBERG, JOEY
STREET ADDRESS 21385 MARINA COVE CIRCLE
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3721 NE 200 St
CITY-ST-ZIP Aventura, FL 33180

TITLE D ☐ Delete
NAME EDELSBERG, KRISTEN
STREET ADDRESS 21385 MARINA COVE CIRCLE
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3721 NE 200 St
CITY-ST-ZIP Aventura, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/01

CR2E034 (10/00)