

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050905

1. Entity Name
SHE-RA'S INTERNATIONAL ENTERTAINMENT CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90268 005 ***158.75

Principal Place of Business
5850 LAKEHURST DR
SUITE 150-5
ORLANDO FL 32819
US

Mailing Address
5850 LAKEHURST DR
SUITE 150-5
ORLANDO FL 32819-8386
US

2. Principal Place of Business
6048 Raleigh St
Suite, Apt. #, etc.
2708
City & State
Orlando FL
Zip
32835
Country
US

3. Mailing Address
6048 Raleigh St
Suite, Apt. #, etc.
2708
City & State
Orlando FL
Zip
32835
Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3454748
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COSTA, CARLA
1665 S KIRKMAN RD #159
ORLANDO FL 32811

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE DPVS
NAME ARAUJO, VALTER L.
STREET ADDRESS 1665 S KIRKMAN RD #159
CITY-ST-ZIP ORLANDO FL 32811

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Ap/21/00

Date

407.2477453

Daytime Phone #

CR2E034 (9/99)