2000 UNIFORM BUSINESS REPORT (UBR) DOCUMEN # 1997000000264 SHANOOK, 00 OCT -9 PM 12: 46 Mailing Address Principal Place of Business 6691 SUNSET STRIP 3. Mailing Address 2. Principal Place of Business -691.SUNS DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State Not Applicable \$8.75 Additional Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHARAD -- SHAIMA 6650' LANDING DRIVE APTROD Street Address (P.O. Box Number is Not Acceptable) -- --LAUdee hill, FL Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State '. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE SITIT SHEHEDEH, NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE Delete 100003422921---0/12/00--01037--014 NAME NAME STREET ADDRESS STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE -TITLE -NAME NAME -STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition fitt! F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY - ST - ZIP 13. Chereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(.), 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 of 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 within address, with all other like empowered. SIGNATURE:

Daytime Phone 4

NOTYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shanook, Inc. Sunrise, Florida 33313

Division of Corporations Tallahassee, FL 32314

Subject:

Shanook, Inc. - P97000090264

To Whom It May Concern:

This letter is in response to the annual business report. We never received the report from Tallahassee. In the beginning of the year, we moved our mailing address and documents got lost and misplaced. We are sending a blank report filled out with the appropriate information and our new mailing address. We are sending a check for \$150.00 for the annual report for the 2000 year. We apologize for any inconvenience this may have caused and ask that you accept our check for the 2000 filing year. We never intentionally meant to send the report late, but we had a few financial problems and thought that the address was changed. Please accept our apologies. If we would have received the report, we would have sent it right away. In the future, we will make certain to correct our mistakes.

Thank you very much for your cooperation. If you have any questions please feel free to contact me at (305) 541-3980.

Besem Shehedeh

President