

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90177 021 ***150.00

DOCUMENT # P97000092598

1. Entity Name

SHEMEHS, INC.

Principal Place of Business

Mailing Address

5584 NW 114 AVE.
 NO. 105
 MIAMI FL 33178
 US

5190 NW 167 ST. STE 111
 MIAMI FL 33014-6329
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-0791209

Applied For

Not Applicable

Zip

33120

Country

U.S.A.

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

SHOMAR, JOSEPH
 17439 NW 66 CT
 MIAMI FL 33015

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSD Delete
 NAME: DE SOUZA, RONALDO V
 STREET ADDRESS: 6936 BYRON AVE 7
 CITY-ST-ZIP: MIAMI BEACH FL 33141

TITLE: PSD Change Addition
 NAME: DE SOUZA, RONALDO N
 STREET ADDRESS: 3900 NW 79 AVE #443
 CITY-ST-ZIP: MIAMI, FL 33166

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:
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TITLE: Change Addition
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 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 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

1/14/2000

Date

(305) 265-8989

Daytime Phone #

CR2E034 (9/99)