

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90216 002 ***150.00

DOCUMENT # P97000098120

1. Entity Name

S H MIAMI, INC.

Principal Place of Business

c/o Fisher & Davidson, LLP
1450 Madruga Avenue, Ste. 202
Coral Gables, FL 33146

Mailing Address

Same

2. Principal Place of Business

c/o Jeff Hand, CPA

3. Mailing Address

SAME

Suite, Apt. #, etc.

240 Crandon Blvd., # 202

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

City & State

Zip

33149

Country

USA

Zip

Country

4. FEI Number

65-0809622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEAN L. FISHER

1450 Madruga Avenue

Suite 202

Coral Gables, FL 33146

7. Name and Address of New Registered Agent

Name

JEFF HAND

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

240 Crandon Blvd., # 202

City

Key Biscayne

FL

Zip Code
33149

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)

JEFF HAND

4/28/00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARTER, Nigel J.
Int'l House, Castle Hill, Victoria Rd.
Douglas, Isle of Man, UK IM24R-B

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FISHER, Sean L.
1450 Madruga Ave., #202
Coral Gables, FL 33146

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
HANDL, Stephan
c/o 240 Crandon Blvd., #202
Key Biscayne, FL 33149

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
HANDL, Stephan
c/o 240 Crandon Blvd., #202
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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:

STEPHAN HANDL, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 710-5667

Daytime Phone #

CR2E034 (9/99)