

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107700

1. Entity Name
ROBERT M.W. SHALHOUB ENTERPRISES, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90158 017 ***150.00

Principal Place of Business
8429 WEST LAKE DRIVE
LAKE CLARKE SHORES FL 33406

Mailing Address
8429 WEST LAKE DRIVE
LAKE CLARKE SHORES FL 33406

2. Principal Place of Business
1011 N. Olive Ave.
Suite, Apt. #, etc.

3. Mailing Address
1011 N. Olive Ave.
Suite, Apt. #, etc.

City & State
West Palm Beach, FL
Zip
33401
Country
USA

City & State
West Palm Beach, FL
Zip
33401
Country
USA

4. FEI Number **APPLIED FOR**
65-0809190
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHALHOUB, ROBERT M
8429 WEST LAKE DRIVE
LAKE CLARKE SHORES FL 33406

7. Name and Address of New Registered Agent

Name
Robert M.W. Shalhoub
Street Address (P.O. Box Number is Not Acceptable)
1011 N. Olive Ave.
City
West Palm Beach, FL
Zip Code
33401

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  Robert M.W. Shalhoub, Director 01-10-01
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHALHOUB, ROBERT M 8429 WEST LAKE DRIVE LAKE CLARKE SHORES FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHALHOUB, BERNADETTE 8429 WEST LAKE DRIVE LAKE CLARKE SHORES FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Robert M.W. Shalhoub, Director 01-10-01 (561) 835-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)