2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSINE	SS REPORT	Γ (UBR)		A	pr 10, 200	3 8:U	y am
DOCUMENT # P97000108190 1. Entity Name					Secretary of State 04-16-2003 90293 031 ***150.00			
EDWARD A. SHAPIRO INC IN HOUSE COURIERS						0110 2003 30233	031 130.	
Principal Place of Business 111 SOUTHWEST 3RD STREET SUITE 100 MIAMI FL 33130 Mailing Address 111 SOUTHWEST 3RD STREET MIAMI FL 33130			reet suite 100				(B)) 88(8) 16(8) 1(B)\$	I FILLI SQLI I REFI
2. Principal P	Place of Business NW 2 Ave	3. Mailing Address	U ZAV	و_	<u>- </u>			
Suite, Apt. #, etc. Suite, Apt. #, etc. 15376			6	CHECK HERE IF MAKING		NG CHANGES		
City & State	AMI FC	City & State MIAMI	FC	_	4. FEI Number	65-0801561	├ ─- ├ -	plied For
33101		33101-5376	Country SA		5. Certificate of	Status Desired	\$8.75 Add	litional
	6. Name and Address of Current R				7. Name and A	ddress of New Registere	<u>`</u>	
SHAPIRO, EDWARD A 111 SOUTHWEST 3RD STREET SUITE 100 MIAMI FL 33130				SH Idress (1502	Esward Sw 143	A PL	
					gm 1	F	<u>L</u> /33	3175
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent an	Shaper	egistered office or			in the State of Florida. Ta	12/03	and accept
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of				- 9. Elect	ion Campaign Financing Fund Contribution.	- <u> </u>	O May Be to Fees
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/C	HANGES TO OFFICERS A	ND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAPV SHAPIRO, EDWARD A 3502 SW 143 PL MIAMI FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350	ADIRO)	Edward A 143 PC 233175	C hange	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like endowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-ZIP

SIGNATURE:

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Daytime Phone 305 37 -36