

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90073 031 ***150.00

DOCUMENT # P98000002924

1. Entity Name

SHIVAYA, INC.

Principal Place of Business

**19199 S. DIXIE HIGHWAY
 MIAMI FL 33157**

Mailing Address

**19199 S. DIXIE HIGHWAY
 MIAMI FL 33157-7703**

LU0001270



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0805238

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SIEW, ANDREW S
 19199 S. DIXIE HIGHWAY
 MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name **Andrew Siew**

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

8100 SW 178 ST.

City

Miami

FL

Zip Code

33157

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

1/02/00

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 **PD** ☐ Delete
 NAME **SIEW, ANDREW S**
 STREET ADDRESS **8490 SW 198ST**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice-President** ☐ Change ☒ Addition
 NAME **Dianne Siew**
 STREET ADDRESS **8100 SW 178 ST**
 CITY-ST-ZIP **Miami FL 33157**

TITLE **President / Secretary** ☒ Change ☐ Addition
 NAME **Andrew Siew**
 STREET ADDRESS **8100 SW 178 ST**
 CITY-ST-ZIP **Miami FL 33157**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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

Date

Daytime Phone #

1/4/00 253-8752

CR05034 10/00