

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90155 029 ***150.00

DOCUMENT # P98000003846

1. Entity Name
SHIVA ENTERPRISE, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

13547 SW 104th Ave P.O. Box 972090

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

City & State

MIAMI, FLORIDA

Zip

33197

Country

USA

4. FEI Number **65-0852277**

Applied For

Not Applicable

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

**SIEW, ANDREW S
 8100 SW 178 ST
 MIAMI FL 33157**

Name **Andrew Siew**

Street Address (P.O. Box Number is Not Acceptable)
13547 SW 104th Ave.

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS**
 NAME **SIEW, ANDREW S**
 STREET ADDRESS **10400 S.W. 108TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176-8167**

TITLE **Pres Sec.**
 NAME **Andrew Siew**
 STREET ADDRESS **13547 SW 104th Ave**
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **VP**
 NAME **SIEW, DIANNE**
 STREET ADDRESS **8100 SW 178 STREET**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **V.P.**
 NAME **Dianne Siew**
 STREET ADDRESS **13547 SW 104th Ave**
 CITY-ST-ZIP **MIAMI FLA 33157**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)