2000 HAREORM BUSINESS REPORT (UBR) AMENDMENT

	MENT # P98-00001	2206	/						
1. Entity Name SHALOM PRODUCTS, INC.					FILED				
	SHALOM PRODUCTS	, INC.	INC.		ny 12: N9				
AMENDME!	NT .			00	JUN 28 PM 12: 09				
·	ce of Business	Mailing Address			ECRETARY OF STATE LLAHASSEE, FLORIDA				
7770 NW 74 Avenue		7770 NW 74 Avenue		T A	TI AHASSEE, FLORIDA				
Bay # 2 Medley, FL 33166		Bay # 2 Medley, FL 331	Medley, FL 33166		700只分别别是5662~012~3 *****61.25 *****61.25				
2. Principal Place of Business		3. Mailing Address			क्याकरूका () }	.60 ***	lest-and(1)	u fan ta'	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 65-0811196		No	oplied For ot Applicable	
Zip	Country	Zip .	Country		5. Certificate of Status Desired		8.75 Add		
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Re				
				Name					
	Z, Jose M., Esq. LeJeune Road		Street A	Address (P	P.O. Box Number is Not Acceptable)				
Suite 5	•		 	•					
Miami,	FL 33126	. City					Zip Cod-		
		·				FL			
8. The above	named entity submits this statement	for the purpose of changing its	registered office o	r registere	ed agent, or both, in the State of Flori	da.			
SIGNATURE .	Signature, typed or printed name of registered and		M. Marquez : Registered Agent signa			23, 2	000		
Tax filing r	oration is eligible to Satisfy its Intangib equirement and elects to do so.	ie FILE NOW!! After MAY 1, 201 Make Check Payabl	都可得到1000mm,对此的企物是由40mm的。	550,00	10. Election Campaign Final Trust Fund Contribution.	~		0 May Be I to Fees	
11.	OFFICERS AND	D DIRECTORS	12.		ADDITIONS/CHANGES TO OFFIC	ERS AND C	IRECTORS	3 IN 11	
FITLE	DPST	M Delete	TITLE	DPST		g	Change	☐ Addition	
NAME STREET ADDRESS	SOTO, Jose G. 7770 NW 74 Avenue -	Pav # 2	NAME STREET ADDRESS		NO, Alicia NW 74 Avenue - Bay	, # 2			
CITY-ST-ZIP	Medley, FL 33166		CITY-ST-ZIP	II.	ey, FL 33166				
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME STREET ADDRESS	1	,				
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STREFT ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				v	, -	
13. I hereby c indicated of the core	ertify that the information supplied wit on this report or supplemental report poration or the receiver armostee emp or on an attachmen with an address,	is true and accurate and that mo powered to execute this report a	v signature shall h	rave the sa	ame legal effect as it made under oa	th: that I am	an officer of	or director	
SIGNAT	URE:	1 / /	licia Ruf	ino)	06/23, 2000 (305	5) 447-	-1160 me Phone #		