

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069967

1. Entity Name

SHB-BBQ CORPORATION

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90002 021 ***150.00

Principal Place of Business

Mailing Address

~~SUITE 2200~~
~~150 WEST FLAGLER STREET~~
~~MIAMI FL 33130~~

~~SUITE 2200~~
~~150 WEST FLAGLER STREET~~
~~MIAMI FL 33130~~

2. Principal Place of Business

4862 NW 109 Place

3. Mailing Address

4862 NW 109 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0866855

Applied For

Not Applicable

Zip

33178

Country

U.S.

Zip

33178

Country

U.S.

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

~~FREED, OWEN S~~
~~SUITE 2200~~
~~150 WEST FLAGLER STREET~~
~~MIAMI FL 33130~~

Name

Mr. Roy Cox

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

4862 NW 109 Place

City
 Miami

FL

Zip Code
 33178

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

04-27-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME DAS
 STREET ADDRESS FREED, OWEN S
 CITY-ST-ZIP STE. 220, 150 W. FLAGLER ST. MIAMI FL 33130

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME P
 STREET ADDRESS COX, ROY JR
 CITY-ST-ZIP ~~SUITE 2200, 150 WEST FLAGLER STREET~~
~~MIAMI FL 33130~~

TITLE Change Addition
 NAME
 STREET ADDRESS 4862 NW 109 Place
 CITY-ST-ZIP Miami, FL 33178

TITLE Delete
 NAME S
 STREET ADDRESS COX, CARLA ANDRADE
 CITY-ST-ZIP ~~SUITE 2200, 150 WEST FLAGLER STREET~~
~~MIAMI FL 33130~~

TITLE Change Addition
 NAME
 STREET ADDRESS 4862 NW 109 Place
 CITY-ST-ZIP Miami, FL 33178

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Roy Cox J.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-27-00

305/408-4666

CR2E034 (9/99)