

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90018 001 ***158.75

DOCUMENT # P98000074183
1. Entity Name
 Shelter Enterprises Corp. . . .

Principal Place of Business Mailing Address
 1531 Drexel Avenue #7
 Miami Beach, FL - 33139

2. Principal Place of Business **3. Mailing Address**
 2722 West Atlantic Blvd 951 Lyons Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 # 9 # 6102

City & State **City & State**
 Pompano Beach, FL Coconut Creek, FL
Zip **Country** **Zip** **Country**
 33069 US 33063 US

4. FEI Number **Applied For**
 65-0860198 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Silvio R. Schwamborn
 1531 Drexel Avenue #7
 Miami Beach, FL - 33139

7. Name and Address of New Registered Agent
 Name: Silvio R. Schwamborn
 Street Address (P.O. Box Number is Not Acceptable): 951 Lyons Rd # 6102
 City: Coconut Creek FL Zip Code: 33063

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 *Schwamborn* **DATE** 04-07-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE: President NAME: Silvio R. Schwamborn STREET ADDRESS: 1531 Drexel Avenue #7 CITY-ST-ZIP: Miami Beach, FL 33139	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President NAME: Silvio R. Schwamborn STREET ADDRESS: 951 Lyons Rd # 6102 CITY-ST-ZIP: Coconut Creek, FL - 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 empowered.

SIGNATURE: *Schwamborn* **DATE** 04-07-00 **Daytime Phone #** (954) 972 9089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)