

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90102 040 ***150.00

DOCUMENT # P98000087093

1. Entity Name

SHNO, INC.

Principal Place of Business

201 ALHAMBRA CIRCLE
SUITE 503
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE
SUITE 503
CORAL GABLES FL 33134-5105

00019561

2. Principal Place of Business

Suite, Apt. #, etc.

350 S. Ocean Blvd.

3. Mailing Address

Suite, Apt. #, etc.

350 S. Ocean Blvd.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0879618

Applied For
Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLIN, BRIAN C
201 ALHAMBRA CIRCLE
SUITE 503
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 **P** ☐ Delete
NAME **GELFAND, SHIRLEY**
STREET ADDRESS **6010 GRANADA BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **T** ☐ Delete
NAME **GELFAND, LIONEL**
STREET ADDRESS **6010 GRANADA BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33416**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Add
NAME
STREET ADDRESS **350 S. Ocean Blvd., #1A**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS **350 S. Ocean Blvd., #1A**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/2000 361 417-744