

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097732

1. Entity Name

L.S. SHINE CO.

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

07-28-2000 90148 045 ***150.00

Principal Place of Business

1801 PALM BEACH LAKES BOULEVARD
SUITE 262
WEST PALM BEACH FL 33401
US

Mailing Address

1801 PALM BEACH LAKES BOULEVARD
SUITE 262
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

300 CLEMATIS ST

Suite, Apt. #, etc.

3. Mailing Address

300 CLEMATIS ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

Zip
33401

Country
USA

City & State

WEST PALM BEACH, FL

Zip
33401

Country
USA

4. FEI Number

65-0878648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ALON SAYAG

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

333 NW 80 TER

City

PLANTATION

FL

Zip Code

33322

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 reinstalling)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSTD
NAME SAYAG, ALON
STREET ADDRESS 1801 PALM BEACH LAKES BOULEVARD
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 300 CLEMATIS ST
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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

7.19.00

Date

Daytime Phone #

CR2E034 (5/00)

P9800097732

Attachment

A0070012

L.S. SHINE CO.
300 CLEMATIS STREET
WEST PALM BEACH, FL 33401

July 18, 2000

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, Florida 32303-1500

Dear Sir or Madam:

Enclosed please find my check for \$150.00 to renew my corporation. I never received the first notice and request that you please waive the penalty.

My corporation started in 1999 and no one told me that I have to renew and pay a fee every year. My office moved and the mail was never forwarded to me.

Please accept this check and renew my corporation for the year 2000.

Thank you in advance for your understanding.

Sincerely,

, President

