

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006942

1. Entity Name

SHEER ALE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90022 027 ***150.00

Principal Place of Business

21660 BIRCH STATE PARKWAY
BOCA RATON FL 33428

Mailing Address

21660 BIRCH STATE PARKWAY
BOCA RATON FL 33428-1743

2. Principal Place of Business

10018 SPANISH ISLE BLVD

Suite/Apt. #, etc.

A-1

City & State

BOCA RATON, FL

Zip

33498

Country

USA

3. Mailing Address

10018 SPANISH ISLE BLVD

Suite/Apt. #, etc.

A-1

City & State

BOCA RATON, FL

Zip

33498

Country

USA

4. FEI Number

25-6880896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, LEON

21660 BIRCH STATE PARKWAY
BOCA RATON FL 33428

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	COHEN, LEONE	21660 BIRCH STATE PARKWAY	BOCA RATON FL 33428	<input type="checkbox"/>
D	COHEN, ALANA	21660 BIRCH STATE PARKWAY	BOCA RATON FL 33428	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

3-1-00

CR2E034 (9/99)