

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019428

1. Entity Name

SHADOWOOD SQUARE TRANSMISSION, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90190 005 ***150.00

Principal Place of Business

Mailing Address

9787A GLADES ROAD
BOCA RATON FL 33434

9787A GLADES ROAD
BOCA RATON FL 33434-3916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0901708

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Ali KRANITZ

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

9787 GLADES RD

City BOCA RATON FL

Zip 33434

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

Allyson Kranitz

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME KRANITZ, ALLYSON D
STREET ADDRESS 9787A GLADES ROAD
CITY-ST-ZIP BOCA RATON FL 33434

☐ Delete

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☐ Change ☐ Addition

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:

Allyson Kranitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

561-457-0502

Daytime Phone #

CR2E034 (9/99)