

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90785 001 ***150.00

042003 AV

DOCUMENT # P99000025291

1. Entity Name
SHINE AL, INC.



Principal Place of Business *New*
~~1021 NORTH D STREET~~
LAKE WORTH FL 33460
Address
430 North K ST

Mailing Address
~~1021 NORTH D STREET~~
LAKE WORTH FL 33460



2. Principal Place of Business
Lake Worth

3. Mailing Address
430 N. K ST

City & State
Fla 33460

City & State
Lake Worth Fla

4. FEI Number *65-0900563*

Applied For
Not Applicable

Zip *33460* Country *USA*

Zip *33460* Country *P.O.C.*

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ACOSTA, ALBERTO
430 North K ST
1021 NORTH D STREET
LAKE WORTH FL 33460
Lake Worth Fla
33460

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alberto Acosta* DATE *1-30-03*

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACOSTA, ALBERTO 1021 NORTH D STREET LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACOSTA ALBERTO <input type="checkbox"/> Delete 430 N. K. ST LAKE WORTH FL 33460
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	430 North K ST <input type="checkbox"/> Change <input type="checkbox"/> Addition LAKE WORTH FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: *Alberto Acosta* REQUIRED
1-30-03 (561) 533-6703

CR2E034 (10/02)