| 200 | UNIFORM BUS | INESS REPO | RT | (UBR) | | | • | | |
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| . Shalom Carpontry, Iv | | | | ъ | | 02 DEC -3 PI | H J:58 | | |
| Principal Place of D | | | | | _ | SECRETARY O TALLAHASSEE. | F STATE | | |
| 6209 West Commercial BIG 77 | | | | | | TALLAHASSEE. | FLORIDA | | |
| Tamarac, FL 33319 | | | | | | | | | |
| 2. Principal Place of Business 6209 (Use ConnelcaB) 3. Mailing Address Serve | | | | | - - | | | | |
| Suite, Apt. #, etc. See le Seven Suite, Apt. #, etc. | | | | · · · · · · · · · · · · · · · · | - | DO NOT WRI | TE IN THIS SF | ACE | |
| City & State Tamarat - Florida City & State | | | | · | 4. FELNU | | 00/1/ | | oplied For |
| Zip | Country | Zip Country | | try | | 65-040 | 8864 | No | ot Applicable |
| <i>33</i> 3 | 6. Name and Address of Current | Registered Agent | | | | cate of Status Desired | F | 8.75 Add se Require | litional d |
| ot. | se c. Coelho | Hegisterad Agent | - | Name | 7. Name | and Address of New R | ogistered Ag | ent | |
| 62 | 109 West Commo | icial BLH7 | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| Tamaglag FC 33319 | | | Ì | | - | | | | |
| · | | | | City | FL Zip Code | | | | |
| 8. The above | e named entity submits this statement for | or the purpose of changing its re | egistere | ed office or regist | ered agent, or | both, in the State of Flo | orida. | L | |
| SIGNATURE | (1/10/2VI /00 | olo Jos | æ C | Coelho |) | 11(25/0 | <u>ک</u> | | |
| 9. This corp | oration is eligible to satisfy its Intangible | <u> </u> | | Agent signature requi | ed when reinstating |) | DATE | | |
| Tax filling | requirement and elects to do so. | After MAY 1, 200 Make Check Payabl | 1 Fee v | will be \$550.00 | | Election Campaign Fin Trust Fund Contribution | | \$5.0 | O May Be |
| 11. | OFFICERS AND | | 12. | partment of St | 11 | | | | |
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| name Street address | | | NAME | | | | | • | _ |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emon | Delete | TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S | T ADDRESS ST-ZIP T ADDRESS ST-ZIP | eclion 119.07 | (3)(i), Florida Statutes 1 | C |] Change | ☐ Addition |

SIGNATURE: SIGNATURE AND TYPEDOR PA

OSE C. COEMO 11/25/02 954-724-4/4/

CBS FINANCIAL, CPA, PA CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

November 12, 2002

Department of State
Division of Corporations
Corporate Filings

P.O. Box 6327 Tallahassee, FL 32314

Re:

Shalom Carpentry, Inc.

Form:

2002 Uniform Business Report

Document #:

P99000032535

Dear Madam/Sir,

We have been retained by the above referenced taxpayer recently.

During our initial interview with the taxpayer it was discovered that they had not received the Uniform Business Report; therefore, they had not filed it. Please notice that the taxpayer has moved and there have a new physical address.

Please find enclosed a properly completed 2002 Uniform Business Report and a check payable to the Florida State Department in the amount of \$150.00.

Please abate any late filing fees or other penalties. Shalom Carpentry, Inc. did not intended to file late.

Please do not hesitate to contact our offices if you have any questions.

Sincerely

Luis A. Escobar, Jr., PA

Encl.: 2002 Uniform Business Report