

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044826

1. Entity Name

SHIL-VUA', INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90111 029 ***550.00

Principal Place of Business

Mailing Address

1210 N.W. 180TH AVENUE
 PEMBROKE PINES FL 33029

1210 N.W. 180TH AVENUE
 PEMBROKE PINES FL 33029-3171

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

65-0934221

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONSUEGRA, MARIO :
 19411 N.W. 3RD COURT
 PEMBROKE PINES FL 33029

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | ONTIVEROS, ALESCANDRA C | |
| STREET ADDRESS | 1210 N.W. 180TH AVENUE | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33029 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | ONTIVEROS, LUIS C | |
| STREET ADDRESS | 1210 N.W. 180TH AVENUE | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33029 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| 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

Alejandro Ontiveros

5/17/00

Date

Daytime Phone #

(954)
 432-5900

CR2E034 (9/99)