

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90538 036 ***158.75

0116010

DOCUMENT # P99000044826

1. Entity Name

SHIL-VUA¹, INC.

Principal Place of Business

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

Mailing Address

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

814665



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0934221**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 Delete
 NAME DP
 STREET ADDRESS ONTIVEROS, ALESCANDRA C
 CITY-ST-ZIP 1210 N.W. 180TH AVENUE
 PEMBROKE PINES FL 33029

TITLE Change Addition
 NAME S/T
 STREET ADDRESS ONTIVEROS, ALEXSANDRA
 CITY-ST-ZIP 1210 NW 180th AVE
 Pembroke Pines, FL 33029

TITLE Delete
 NAME ST
 STREET ADDRESS ONTIVEROS, LUIS I
 CITY-ST-ZIP 1210 N.W. 180TH AVENUE
 PEMBROKE PINES FL 33029

TITLE Change Addition
 NAME D/P
 STREET ADDRESS ONTIVEROS, LUIS I
 CITY-ST-ZIP 1210 NW 180. AVE
 Pembroke Pines, FL. 33029

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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: _____ D/P _____ 2/19/01 994-4325900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)