

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**  
 03-06-2000 90053 023 \*\*\*150.00

**DOCUMENT #** P99000050531  
**1. Entity Name**  
 S.H.S. INTERNATIONAL CORP.

**Principal Place of Business** **Mailing Address**  
 3439 N.E. 163rd STREET  
 NORTH MIAMI BEACH, FL 33160

**2. Principal Place of Business** **3. Mailing Address**  
 3439 NE 163rd STREET 3439 NE 163rd STREET  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** **City & State**  
 NORTH MIAMI BEACH, FL NORTH MIAMI BEACH, FL  
**Zip** **Country** **Zip** **Country**  
 33160 MIAMI-DADE 33160 MIAMI-DADE

**4. FEI Number** **Applied For**  
 65-0924308 ☐ Not Applicable  
**5. Certificate of Status Desired** ☐ **Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 MICHAEL CHOLOBEL  
 1460 BRICKELL AVENUE, SUITE 212  
 MIAMI, FL 33131

**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.**  
**SIGNATURE** *Michael Cholobel* **MICHAEL CHOLOBEL** **FEB 25, 2000**  
 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)



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

11. OFFICERS AND DIRECTORS	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

**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:** *John C. ...* **Resident** **2/25/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)