

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000058982**

1. Entity Name

SHANE-GRILA ENTERPRISES, INC.**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90080 025 ***150.00

Principal Place of Business

**4101 PINETREET DRIVE
SUITE 1704
MIAMI BEACH FL 33140**

Mailing Address

**4101 PINETREET DRIVE
SUITE 1704
MIAMI BEACH FL 33140**

00014170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4101 PINETREE DRIVE

Suite, Apt. #, etc.

SUITE 1704

City & State

MIAMI BEACH FL

Zip

33140

Country

3. Mailing Address

4101 PINE TREE DRIVE

Suite, Apt. #, etc.

SUITE 1704

City & State

MIAMI BEACH FL

Zip

33140

Country

4. FEI Number

65-0930376

Applied For

Not Applicable

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

SCHANE, SCOTT**4101 PINETREE DR****#1704****MIAMI BCH FL 33140**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD			
	SHANE, SCOTT W			
	4101 PINETREET DRIVE			
	MIAMI BEACH FL 33140			

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 reports 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

Date

Daytime Phone #

1/12/01 305.534.6417

CR2E034 (10/00)