

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072074

1. Entity Name

SHABDATI CORPORATION

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90039 007 ***158.75

Principal Place of Business

Mailing Address

7916 VENETIAN ST.
MIRAMAR FL 33023

7916 VENETIAN ST.
MIRAMAR FL 33023-2448

2. Principal Place of Business

7916 Venetian street

3. Mailing Address

7916 Venetian Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miramar, Florida

City & State

Miramar, Florida

4. FEI Number

65-0950258

Applied For

Not Applicable

Zip

Country

33023 U.S.A.

Zip

Country

33023 U.S.A.

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

TROCHER, NEURLAND
7916 VENETIAN ST.
MIRAMAR FL 33023

Name

Neurland Trocher

Street Address (P.O. Box Number is Not Acceptable)

7916 Venetian street

City

Miramar

FL

Zip Code

33023

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

Neurland Trocher
Signature, typed or printed name of registered agent and title if applicable.

NEURLAND TROCHER

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/2000

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	President	<input type="checkbox"/> Delete
NAME	Neurland Trocher	
STREET ADDRESS	7916 Venetian Street	
CITY-ST-ZIP	Miramar, FL 33023-2448	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Reginald Jendy	
STREET ADDRESS	628 Sea Pine Way # G1	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Neurland Trocher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEURLAND TROCHER

Date

Daytime Phone #

2/12/2000

PH: (954) 965-0262

CR2E034 (9/99)