

2000 UNIFORM BUSINESS REPORT (UBR)

5/10/00-90181-018-\$150.00-\$150.00
* 9/18/00-90146-050-\$550.00-\$550.00

DOCUMENT # P99000072356

1. Entity Name

SHAPIRO.FRANKEL DEVELOPMENT CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 20 PM 12:39

80107201



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1130 WASHINGTON AVE. 8T FLOOR
MIAMI BEACH FL 33139

Mailing Address

1130 WASHINGTON AVE. 8T FLOOR
MIAMI BEACH FL 33139

2. Principal Place of Business

1177 KANE CONCOURSE

3. Mailing Address

1177 KANE CONCOURSE

Suite, Apt. #, etc.

SUITE 120

Suite, Apt. #, etc.

SUITE 120

City & State

BAY HARBOR ISLAND, FL

City & State

BAY HARBOR ISLAND, FL

Zip

33154

Country

Zip

33154

Country

4. FEI Number

65-0943166

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COPROLITE CORPORATION
2130 SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
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

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

(NOTE: Registered Agent signature required when resigning)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D ☐ Delete
NAME FRANKEL, MARKUS A
STREET ADDRESS 1130 WASHINGTON AVE, 8T FLOOR
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☐ Delete
NAME SHAPIRO, HOWARD A
STREET ADDRESS 3861 N 31ST TERRACE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME FRANKEL, MARKUS A
STREET ADDRESS 1177 KANE CONCOURSE, #120
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/00
Date

305
868-3655
Daytime Phone

CR2E034 (5/00)