

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072961

1. Entity Name

SHAVINGS PLUS, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90078 008 \*\*\*150.00

Principal Place of Business

4601 SHERIDAN STREET  
SUITE 202  
HOLLYWOOD FL 33021

Mailing Address

4601 SHERIDAN STREET  
SUITE 202  
HOLLYWOOD FL 33021-3432

2. Principal Place of Business

140 S. Cypress Rd.

Suite, Apt. #, etc.

#128

City & State

Pompano Beach, FL

Zip

33060

Country

USA

3. Mailing Address

140 S. Cypress Rd.

Suite, Apt. #, etc.

#128

City & State

Pompano Beach, FL

Zip

33060

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0944612

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

Name

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

City

FL

Zip Code

SCHILLINGER, LEE H  
4601 SHERIDAN STREET  
SUITE 202  
HOLLYWOOD FL 33021

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, 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 **D** ☒ Delete  
NAME SCHILLINGER, LEE H  
STREET ADDRESS 4601 SHERIDAN STREET, SUITE 202  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Change ☒ Addition  
NAME President  
STREET ADDRESS Baljeet Kaur Sandhu  
CITY-ST-ZIP 140 S. Cypress Rd., #128  
Pompano Beach, FL 33060

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Gurpreet Sandhu  
CITY-ST-ZIP 2977 Royal Avenue  
Simi Valley, CA 93065

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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:

*Baljeet Sandhu*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

Daytime Phone #

CR2E034 (9/99)