

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000100819

1. Entity Name

NORMAN SHAPIRO, INC.

Principal Place of Business

22716 CARAVELLE CIRCLE
BOCA RATON FL 33433

Mailing Address

22716 CARAVELLE CIRCLE
BOCA RATON FL 33433-5926

2. Principal Place of Business

22716 Caravelle Circle

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Florida

4. FEI Number

65-0961680

Applied For

Not Applied

Zip

33433

Country

USA

Zip

33433

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, NORMAN
22716 CARAVELLE CIRCLE
BOCA RATON FL 33433

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 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

TITLE: President
NAME: NORMAN SHAPIRO
STREET ADDRESS: 22716 Caravelle Circle
CITY-ST-ZIP: Boca Raton FL 33433 ☐ Delete

TITLE: V.P. and Secretary
NAME: Betty SHAPIRO
STREET ADDRESS: 22716 Caravelle Circle
CITY-ST-ZIP: Boca Raton FL 33433 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Delete

NAME: ☐ Change ☐ Delete
STREET ADDRESS: ☐ Change ☐ Delete
CITY-ST-ZIP: ☐ Change ☐ Delete

TITLE: ☐ Change ☐ Delete
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STREET ADDRESS: ☐ Change ☐ Delete
CITY-ST-ZIP: ☐ Change ☐ Delete

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 changed, or on an attachment with an address, with all other changes approved.

SIGNATURE: NORMAN SHAPIRO, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-2000
Date

561-391-3695
Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State
01-12-2000 90025 040 ***150.00

00000001



DO NOT WRITE IN THIS SPACE