

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 02, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # G19054**

1. Entity Name  
**SHELRAY MANAGEMENT (U.S.A.), INC.**

Principal Place of Business 2707 E. CRAIG RD UNIT B LAS VEGAS NV 89030 US	Mailing Address 2707 E. CRAIG RD UNIT B LAS VEGAS NV 89030 US
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2. Principal Place of Business 2707 E. CRAIG RD	3. Mailing Address 2707 E. CRAIG RD
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Suite, Apt. #, etc. UNIT B	Suite, Apt. #, etc. UNIT B
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City & State NORTH LAS VEGAS NV	City & State NORTH LAS VEGAS NV
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Zip 89030	Country US	Zip 89030	Country US
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4. FEI Number <b>59-2363653</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**LEDERER, STEVEN L.J.**  
**2450 NE MIAMI GARDENS DR., SUITE 100**

**NORTH MIAMI BEACH FL 33180**

**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 \_\_\_\_\_ DATE **01/02/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST CLARKE, ELIZABETH 4907 GRIMES POUND CT N. LAS VEGAS NV 89031 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYMNA SHELDON 2707 E. CRAIG RD, UNIT B MORTH LAS VEGAS NV 89030 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST CLARKE, ELIZABETH 4907 GRIMESPOUND CT NORTH LAS VEGAS NV 89031 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYMAN SHELDON L 2707 E. CRAIG RD, UNIT B NORTH LAS VEGAS NV 89030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** Sheldon Rayman P Date 01/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)