

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90093 009 ***158.75

DOCUMENT # P01000000098 *STATE*

1. Entity Name
SHAHEE A&I WEARS, INC.

Principal Place of Business
4301 34TH STREET SO
ST PETERSBURG FL 33711

Mailing Address
P.O. BOX 530002
4301 34TH STREET SO
ST PETERSBURG FL 33712
St. Petersburg FL
33747

00040342



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Shaheed's African & Islamic
 Suite, Apt. #, etc.
4301 34th St.

3. Mailing Address
 Suite, Apt. #, etc.
P.O. BOX 530002

City & State
St. Peter, FL

City & State
St. Peter, FL

4. FEI Number
59-3691166

Applied For
 Not Applicable

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

City
33747

Country
Pinellas

6. Name and Address of Current Registered Agent
SHAHEED, NAJIYAH
5416 LYNN LAKES DRIVE SO APT B
ST PETERSBURG FL 33712

7. Name and Address of New Registered Agent
 Name
Najiyah
 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 _____
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 or empowered.

SIGNATURE: *Najiyah Shaheed*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)