

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 05, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000088392

1. Entity Name
 SHERR INVESTMENT SERVICES, INC.

Principal Place of Business 1940 HARRISON STREET SUITE 300 HOLLYWOOD FL 33020	Mailing Address 1940 HARRISON STREET SUITE 300 HOLLYWOOD FL 33020
--	--

2. Principal Place of Business 7513 MUTINY AVE	3. Mailing Address 7513 MUTINY AVE
---	---------------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State N BAY VILLAGE FL	City & State N BAY VILLAGE FL
----------------------------------	----------------------------------

4. FEI Number 65-0953335	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33141	Country	Zip 33141	Country
--------------	---------	--------------	---------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHERR CYNTHIA ESQ.
 1940 HARRISON STREET
 SUITE 300
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
SHERR CAROL MPRES
 Street Address (P.O. Box Number is Not Acceptable)
7513 MUTINY AVE
 City
N BAY VILLAGE FL Zip Code
33141

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 **CAROL M SHERR** 01/05/2000
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	D	<input type="checkbox"/> Delete
NAME	SHERR CAROL M	
STREET ADDRESS	7513 MUTINY AVENUE	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Carol M Sherr Date: 01/05/2000