2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043481

1. Entity Name

SHALA'S DESIGN, INC.

FILED Jan 12, 2000 8:00 am Secretary of State

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Principal Place O'HAIR 142 NORTH NO	e of Busines	S	Mailing Address 23 BAY POINTE DR ORMOND BEACH FL 32174								
ormond beach US	H FL 32174										
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN				
City & State			City & State			4 . F	4. FEI Number 59-3247059 Applied For Not Applicable				
Zip	Zip Country		Zip Cour		itry	5. Certificate of Status Desired S8.75 Additional Fee Required			litional		
	6. Name	and Address of Current R	legistered Agent	l		7. N	Name and Address of New Regist	ered Ag	ent		
					Name	_					
	RAM FORO	UGHI				ss (P.O. B	(P.O. Box Number is Not Acceptable)				
	OND BCH										
					City			FL	Zip Code)	
8. The above	named entit	ty submits this statement for	the purpose of changing its	register	ed office or regis	tered ag	ent, or both, in the State of Florida.	_			
SIGNATURE.								1			
	Signature, typed	d or printed name of registered agent ar	nd title if applicable (NOT	E: Registere	ed Agent signature requ	uired when re	einstating)	DAŢĘ			
Tax filing r		gible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Str				10. Election Campaign Financin Trust Fund Contribution.	ng 🗆		0 May Be I to Fees	
11.		OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICER	S AND [DIRECTORS	3 IN 11	
TITLE	VTS		☐ Delete	TITL	E		,		Change	☐ Addition	
NAME	FOROUGI	HI, BAHRAM	-	NAM	1						
STREET ADDRESS		OINTE DR.			EET ADDRESS						
CITY-ST-ZIP		BEACH FL 32174		_	/-ST-ZIP				7.05		
TITLE	DP		☐ Delete	TITL					Change	☐ Addition	
name Street address		HI, SHALA S. POINTE DR.		NAM STR	EET ADDRESS						
CITY-ST-ZIP		BEACH FL 32174			/-ST-ZIP						
TITLE	Onlinono	DENOTTE SETT	☐ Delete	TITL	E.				☐ Change	Addition	
NAME				NAM	1E						
STREET ADDRESS	1				EET ADDRESS						
CITY-ST-ZIP	_			CITY	/-ST-ZIP			_			
TITLE			☐ Delete	TITL					☐ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP					-ST-ZIP						
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CITY-ST-ZIP				CITY	r-st-zip						
TITLE			☐ Delete	TITL	E				☐ Change	Addition	
NAME	ļ			NAN	AE						
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP					r-ST-ZIP			_			
13. Thereby of	certify that th	ne information supplied with	this filing does not qualify for	or the exe my signs	emption stated in sture shall have t	Section he same	119.07(3)(i), Florida Statutes. I furtl legal effect as if made under oath;	her certi that I an	ly that the ii n an officer	ntormation or director	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

904-673-6726

Daytime Phone #