

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90322 043 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>99000048440</u>			
1. Entity Name <u>SHARONA INC</u>			
Principal Place of Business 		Mailing Address 	
2. Principal Place of Business <u>880 SW 10TH AVE</u>		3. Mailing Address <u>1810 SABEL DRIVE</u>	
Suite, Apt. # etc. <u>8</u>		Suite, Apt. #, etc.	
City & State <u>Pompano Beach FL</u>		City & State <u>DADE CITY FL</u>	
Zip <u>33069</u>		Zip <u>33442</u>	
Country		Country	
4. FEI Number <u>65-0940130</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 			
7. Name and Address of New Registered Agent Name <u>ALADI SHARONA</u> Street Address (P.O. Box Number is Not Acceptable) <u>880 SW 10TH AVE #8</u> City <u>Pompano Beach</u> FL <u>33069</u>			
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 <u>[Signature]</u> <u>4/30/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!! After MAY 1, 2001 Make Check Payable to Department of State	
10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS <input type="checkbox"/> Delete	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input checked="" type="checkbox"/> Change <input checked="" 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 signature shall have the same legal effect as if made under oath; that I am an officer or director 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/30/01</u> Daytime Phone #	

CR2E034 (11/00)