

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000241**

1. Entity Name  
**SHARYAN INVESTMENTS, LTD.**

FILED

00 APR -6 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1000 HOLLAND DRIVE, SUITE 12  
BOCA RATON FL 33487

Mailing Address  
1000 HOLLAND DRIVE, SUITE 12  
BOCA RATON FL 33487-2723

2. Principal Place of Business  
**6570 NW 39th Terr**

3. Mailing Address  
**6570 NW 39th Terr**

Suite, Apt. #, etc.

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

Zip  
**33496**

Country  
**U.S.A**

Zip  
**33496**

Country  
**U.S.A**

4. FEI Number **65-0793000**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SARGA, ASSAD M**  
**1000 HOLLAND DRIVE, SUITE 12**  
**BOCA RATON FL 33487**

7. Name and Address of New Registered Agent  
Name **SABGA, ASSAD M**  
Street Address (P.O. Box Number is Not Acceptable)  
**6570 NW 39th Terr**  
City **BOCA RATON FL** Zip Code **33496**

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 *[Signature]* **ASSAD SABGA** **3/30/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record **\$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date **\$7,500**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>F42322</b>		STREET ADDRESS	<b>6570 NW 39th Terr.</b>
NAME	<b>TRIDENT PROPERTIES, INC.</b>		CITY - ST - ZIP	<b>BOCA RATON FL. 33496</b>
STREET ADDRESS	<b>1000 HOLLAND DRIVE, SUITE 12</b>			
CITY - ST - ZIP	<b>BOCA RATON FL 33487</b>			
DOCUMENT #			STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #			STREET ADDRESS	<b>7000003219277--8</b>
NAME			CITY - ST - ZIP	<b>-04/24/00--01007--008</b>
STREET ADDRESS				<b>****150.00 ****150.00</b>
CITY - ST - ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY - ST - ZIP	
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CITY - ST - ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SABGA** **3/30/2000** **561-987-9403**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #