2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # J66432 1. Entity Name STAHARIT, INC.								03 SEP 19 AM 10: 59					
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Principal Place of Business Mailing Address 241 OMAHA ST. COUNTY ROAD 1 PALM HARBOR, FL 34683 PALM HARBOR, FL 34683								; ;		(IALLAMA	ootta FLOR	SIDA	
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2. Principal Place of Business 3. Mailing Address								1111			ii cie ii cie ii cie ii	HAN BIAN KABI	
Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHA							
City & State	,			City & State				4. FE	1 Number 59-2	927514	J 	plied For t Applicable	
Zip		Country		Zip	Counti	ry :		5. Ce	ertificate of Status	Desired	\$8.75 Add Fee Require		•
6. Name and Address of Current Registered Agent								7. Na	me and Address	of New Registe	red Agent		100
TRIAS, STACY 1991 SADDLE HILL ROAD NORTH						Name Dana Trias Street Address (P.O. Box Number Is Not Acceptable)							
DUNEDIN, FL 3498						Outdot reality (F.O. southwall is not recognished)							
						233 Countryside Key Blvd.							
	-			·]	City	olds	mo	<u> </u>		FL ZECO	<u>آر آه</u>	
	named entity		ment for the	e purpose of changing its	registere	d office or	registere	ed age	nt, or both, in the	State of Florida. I	am familiar with,	and accept	
SIGNATURE TIME THE								į		•	9/12/03		
	Signature, typed	or primed name of registe	Ped againt and ti	ida š applicable. (NOT	E: Registerad	Agentsignati	ne required to	when rein	ista ling)		ATE	.	Ì
Afte Make Check	(EDNOV) e May 1-20 Amended Payable Io	FEE IS \$150 of G3 Fee will be 1 JBR is \$61.25 Florida Depart	0 \$50 00 mept of \$	stale		•				mpaign Financing Contribution.	~	0 May Be I to Fees	
10.	and the second	OFFICER	S AND DIR	ECTORS	11.			ADD	ITIONS/CHANGI	ES TO OFFICERS	AND DIRECTOR	5 IN 11	İ
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	DUNEDIN,	FL 34698			CUA-	ST -21P	01	<u>asr</u>	nar Fl	<u>- 34677</u>			ĮĘ
l	VP			☐ Dekete	TITLE NAME				a aa aa		☐ Change	Addition	9
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

COY-ST-ZP

CITY-ST-ZP

CITY-ST-ZP

TITLE

NAME

TITLE

NAME

Dana Trias

TED MANE OF SIGNING OFFICER OF DIRECTOR

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CAY-ST-ZIP

COTY-ST-ZIP

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TRIF

NAME

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9/2/03 786-717

Change

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