

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K40223

1. Entity Name

SHELAMI INVESTMENTS, INC.

Principal Place of Business

222 NE 1ST AVE.  
HALLANDALE FL 33009

Mailing Address

222 NE 1ST AVENUE  
HALLANDALE FL 33009  
US

2. Principal Place of Business

30 N.E. 1ST AVE.

3. Mailing Address

30 N.E. 1ST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE BEACH, FL

City & State

HALLANDALE BEACH, FL

Zip

33009

Country

U.S.A.

Zip

33009

Country

U.S.A.

4. FEI Number

65-0078602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAH SULTAN, RAMJI  
16546 N.E. 26 AVENUE  
APT. 6G  
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Ramji* PRESIDENT

1.10.01

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, 2001 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 PDS  
NAME RAMJI, SHAHSULTAN  
STREET ADDRESS 16546 NE 26 AVE.  
CITY-ST-ZIP NORTH MIAMI BEACH FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 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:

*Ramji* SHAHSULTAN RAMJI Pres. 1.10.01.

954.456-2262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0088910

CR2034 (10/00)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90086 023 \*\*\*150.00

C0006178



DO NOT WRITE IN THIS SPACE