

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90338 019 \*\*\*150.00

DOCUMENT # M30624

1. Entity Name

SHAR ENTERPRISES, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

C/O AMNON GOLAN

3. Mailing Address

1911 COLLINS AVE

Suite, Apt. #, etc.

1911 COLLINS AVE, 801

Suite, Apt. #, etc.

801

DO NOT WRITE IN THIS SPACE

City & State

SUNNY ISLES BCH, FL

City & State

SUNNY ISLES BCH, FL

4. FEI Number

59-2713337

Applied For

Not Applicable

Zip

33160

Country

Zip

33160

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GOLAN, AMNON

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

1911 COLLINS AVE

#801

City

SUNNY ISLES BEACH

FL

Zip Code

33160

**DO NOT WRITE  
IN THIS SPACE**

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, 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	VPD
NAME	TOISTER, SHAI
STREET ADDRESS	1911 COLLINS AVE #801
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160
TITLE	PD
NAME	TOISTER, ADI
STREET ADDRESS	1911 COLLINS AVE #801
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160
TITLE	VPSD
NAME	GOLAN, AMNON
STREET ADDRESS	1911 COLLINS AVE #801
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 934-382-0020

Date

Daytime Phone #

CR2E034B (12/01)