

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003118 (7)

1. Corporation Name

UNIFIED UPLIFTMENT, INC.



Principal Place of Business

**1006 PINEHAVEN COURT
BRANDON FL 33511
US**

Mailing Address

**1006 PINEHAVEN COURT
BRANDON FL 33511
US**

3. Date Incorporated or Qualified
07/06/1993

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3190938

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHARMA, SEWNARINE
1006 PINEHAVEN CT
BRANDON FL 33511**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **SHARMA, SEWNARINE**
STREET ADDRESS **1006 PINEHAVEN COURT**
CITY-STATE-ZIP **BRANDON FL**

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

TITLE **DS** ☐ DELETE
NAME **SHARMA, KAUSILIA**
STREET ADDRESS **1013 RED OAK CIRCLE**
CITY-STATE-ZIP **BRANDON FL**

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

TITLE **DT** ☒ DELETE
NAME **POORAN, EVELYN**
STREET ADDRESS **1501 WESTERLY DRIVE**
CITY-STATE-ZIP **BRANDON FL**

31. TITLE **DT** ☒ Change ☐ Addition
32. NAME **SHARMA, ASHWINKUMAR**
33. STREET ADDRESS **1006 PINEHAVEN COURT**
34. CITY-STATE-ZIP **BRANDON, FL. 33511**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sewanine Sharma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 26, 1996 (813) 654-2551
Date Daytime Phone

CR2E037 (12/95)