FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000003118 (7)

FILED Jan 09 1998 8:00am Secretary of State

UNIFIED UPLIFTMENT, INC.						
Principal Plac	e of Business	Mailing Addres	8		T CONTINUES BY A ADVINE BY IN BOTH BOTH BOTH BOTH BOTH THE STATE THE THE STATE THE STA	
1006 PINEHAV Brandon FL US		1006 PINEHAVEI Brandon fl 33 US			3. Date Incorporated or Qualified 07/06/1993 4. FEI Number Applied For 59-3 190938 Not Applicable	
2. Principal F	Place of Business	2a. Mailing Add	ress		— 60 75	
21		26			5. Certificate of Status Desired Fee Required	
Suite, Apt	#, etc.	Suite, Apt. #	, etc.		Election Campaign Financing \$5.00 May Be	
City & Sta		27			Trust Fund Contribution Added to Fees	
23	le.	City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Cour	trv	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered Agent	
			1	11 Name		
	A, SEWNARINE		1	32 Street A	Address (P.O. Box Number is Not Acceptable)	
	NEHAVEN CT		-	20	,	
RHAND	ON FL 33511		ľ	33		
			Ī	4 City	FL 85 Zip Code	
11. Pursuant office or a agent. I a SIGNATURE	to the provisions of Sections (registered agent, or both, in the im familiar with, and accept the results of the section of the section of the transfer of the section of the section of the transfer of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sec	617.0502 and 617.1508, Flor he State of Florida. Such cha ne obligations of, Section 617	da Statutes, the ab- nge was authorized .0503, Florida Statu	ove-named of by the corporates.	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of regi	istered agent and litis if applicable	(NOTE: Registered	Agent signature n	required when reinstating) DATE	
12.		ERS AND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CHARLES CIDEOUNG		ELETE 1.1 TITL		☐ Change ☐ Addition	
NAME	SHARMA, GIRESHKUM	IAH	1.2 NAS	-		
STREET ADDRESS	1006 PINEHAVEN CT BRANDON FL			ET ADDRESS		
CITY-ST-ZIP TITLE	DS DS			-ST-ZIP	☐ Change ☐ Addition	
NAME	SHARMA, ASHWINKUN		2.2 NAM		Citalige C Association	
STREET ADDRESS	1008 PINEHAVEN CT	il Mi		ET ADDRESS		
CITY-ST-ZIP	BRANDON FL			Y-ST-ZIP		
TITLE	DT	D	ELETE 3.1 TITL		☐ Change ☐ Addition	
NAME	SHARMA, KAUSSILIA		3.2 NAN	E	- • 	
STREET ADDRESS	1006 PINEHAVEN CT		3.3 STR	ET ADDRESS		
CITY-ST-ZIP	BRANDON FL		3.4. CIT	(-ST-ZIP		
TITLE			LETE 4.1 TITL		☐ Change ☐ Addition	
NAME			4, 2 NAJ	AE		
STREET ADDRESS			4.3 STRI	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE			ELETE 5.1 TITL	•	☐ Change ☐ Addition	
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		U U		- 1	☐ Change ☐ Addition	
NAME CONCET ADDRESS			6.2 NAM			
STREET ADDRESS			<u> </u>	ET ADDRESS		

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 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 all accurate and dress.