

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003118

1. Entity Name

UNIFIED UPLIFTMENT, INC.

Principal Place of Business

1006 PINEHAVEN COURT
BRANDON FL 33511
US

Mailing Address

1006 PINEHAVEN COURT
BRANDON FL 33511-6251
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90041 040 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3190938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARMA, SEWNARINE
1006 PINEHAVEN CT
BRANDON FL 33511

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SHARM, SEWNARINE**
STREET ADDRESS **1006 PINEHAVEN CT**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **DS** ☐ Delete
NAME **SHARMA, ASHWINKUMAR**
STREET ADDRESS **1006 PINEHAVEN CT**
CITY-ST-ZIP **BRANDON FL**

TITLE **DT** ☐ Delete
NAME **SHARMA, KAUSSILIA**
STREET ADDRESS **1006 PINEHAVEN CT**
CITY-ST-ZIP **BRANDON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 617, 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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)