

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-13-2000 90042 010 ****61.25

DOCUMENT # N99000007457

1. Entity Name

SHARING INTERNATIONAL INC.

Principal Place of Business

Mailing Address

233 W MAIN ST
 APOPKA FL 32712

233 W MAIN ST
 APOPKA FL 32712

2. Principal Place of Business

6704 PLYMOUTH SORRENTO

3. Mailing Address

6704 PLYMOUTH SORRENTO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FLORIDA

City & State

APOPKA, FL.

Zip

32712

Country

ORANGE

Zip

32712

Country

ORANGE

4. FEI Number

59-3621292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BALLESTER, RICHARD D
 210 CANTER CLUB TRAIL
 LONGWOOD FL 32779**

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	NILDA LOZA-EVANS	
STREET ADDRESS	210 CANTER CLUB TR.	
CITY-ST-ZIP	LONGWOOD, FL. 32779	
TITLE	FANNY BALLESTER	<input type="checkbox"/> Delete
NAME	VICE-PRESIDENT	
STREET ADDRESS	210 CANTER CLUB TR.	
CITY-ST-ZIP	LONGWOOD, FL. 32779	"D"
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	NYDIA PORTH	
STREET ADDRESS	3548 WESTERNIA WAY	
CITY-ST-ZIP	LONGWOOD, FLA. 32779	"D"
TITLE	NANCY RUIZ	<input type="checkbox"/> Delete
NAME	124 ROMNEY MARSH	
STREET ADDRESS	LONGWOOD, FL. 32779	"D"
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Nilde Loza-Evans

NILDA LOZA-EVANS - 29-2000 407-8840034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #