

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2002 90337 001 \*\*\*150.00

**DOCUMENT # P00000003494**

1. Entity Name

**SHARMIC REALTY PROPERTIES INC.**

Principal Place of Business

**4385 ROCK ISLAND ROAD  
 LAUDERHILL FL 33319**

Mailing Address

**4385 ROCK ISLAND ROAD  
 LAUDERHILL FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0978763**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, HILDA**

**4385 ROCK ISLAND ROAD  
 LAUDERHILL FL 33319**

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **BELL, HILDA**  
 CITY-ST-ZIP **4385 ROCK ISLAND ROAD**  
**LAUDERHILL FL 33319**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

*Attachment*

*# 300000003494 / 657700*

**CAPITAL FUNDING MORTGAGE**

5/3/2002

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Uniform business Report-2002

Dear Sir or Madam:

I am attaching my check and reports for 2002.

These should have been mailed to the Division of Corporation on or before May 1, 2002. The check was prepared since January 24, 2002 and was believed mailed since then. I was out sick for a while and since returning the employee, handling our bookkeeping functions was terminated. I had no idea that the check was not mailed. This was discovered today as I tried to update and organize her desk.

I frantically called your office and spoke to a gentleman who advised me to write in an appeal to you to waive the late charge.

I cannot afford it. That is why we had this prepared since January so it would have been mailed immediately. Between my being out sick and later the termination of our employee, the mailing was overlooked.

Please consider our appeal to wave the late fees and reinstate us. We will be sure not to allow this situation to ever repeat itself. If you have any question please call me.

We thank you very much for your help and co-operation.

Sincerely,

*Hilda Bell*

Hilda Bell (Manager)

4389 Rock Island Rd. Lauderdale, FL 33319  
Ph. (954) 484-2170 Fax (954) 484-7894