

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003975

1. Entity Name

SHAM ENTERPRISES INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 18 AM 8:01

Principal Place of Business

7467 N.W. 7 AVE.
MIAMI, FL. 33150

Mailing Address

2124 N.E. 123 ST. #203
N. MIAMI FL, 33181

2. Principal Place of Business

7467 NW. 7 ave.
Suite, Apt. #, etc.

3. Mailing Address

2124 N.E. 123 ST.
Suite, Apt. #, etc.
203

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

City & State

N. MIAMI

4. FEI Number

65-1075 793

Applied For

Not Applicable

Zip

33150

Country

Dade

Zip

33181

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Nabil Aweidah, Nader
4955 N.W. 199 ST.
LOT 267
MIAMI FL 33055

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

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, 2001. 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVD	Nabil Aweidah, Nader	4955 N.W. 199 ST.	<input type="checkbox"/>
		LOT 267	MIAMI, FL. 33055	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

400004416784--5
-06/13/01--01008--012
***150.00 ***150.00

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

4/18/01

305-752-7520
Daytime Phone #

CR2E034 (11/00)