

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90036 024 \*\*\*150.00

**DOCUMENT # P00000019820**

1. Entity Name  
**SHAARIMEY, INC.**

Principal Place of Business: **C/O ROZENCWAIG & GRANOFF 1 SE 3RD AVE 960 MIAMI FL 33131**

Mailing Address: **C/O ROZENCWAIG & GRANOFF 1 SE 3RD AVE 960 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **C/O Leslie Alan Rozencwaig, P.A. 1 SE, 3rd Ave # 960 Miami Fla**

3. Mailing Address: **C/O Leslie Alan Rozencwaig, P.A. 1 SE, 3rd Ave # 960 Miami, Florida**

4. FEI Number: **65-0993302** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

Zip: **33131 USA** Country: **USA**

6. Name and Address of Current Registered Agent: **ROZENCWAIG, LESLIE ALAN C/O ROZENCWAIG & GRANOFF 1 SE 3RD AVE 960 MIAMI FL 33131**

7. Name and Address of New Registered Agent: **Leslie Alan Rozencwaig, P.A. C/O Leslie Alan Rozencwaig, P.A. 1 SE, 3rd Ave # 960 Miami Fla FL 33131**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSD<br/>ROZENCWAIG, FRANCINE<br/>ONE S.E. 3RD AVE., STE. 960<br/>MIAMI FL 33131</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Francine Rozencwaig Date: February 2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Attachment  
00000014820

**LESLIE ALAN ROZENCWAIG, P.A.**

SUNTRUST INTERNATIONAL CENTER  
ONE SOUTHEAST THIRD AVENUE  
SUITE 960  
MIAMI, FLORIDA 33131

LESLIE ALAN ROZENCWAIG  
ROSARIO FERRERO - CARR

TELEPHONE (305) 379-6100  
TELEFAX (305) 379-6808  
E-MAIL: BIZLITLAW@aol.com

February 27, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Our Client File Number 0099(jj)

Dear Sir or Madam:

Enclosed please find the 2001 Uniform Business Report (UBR) in connection with Shaarimey, Inc. as well as a check in the amount of One Hundred Fifty Dollars (\$150) representing the applicable fee.

Cordially,

LESLIE ALAN ROZENCWAIG, P.A.

  
ROSARIO FERRERO-CARR, ESQ.  
For the Firm

RFC/cg

Enclosures

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