

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90038 048 \*\*\*150.00

UNIFORM ACT

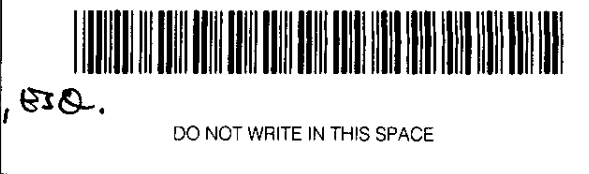
**DOCUMENT # P00000019820**

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

Principal Place of Business <b>C/O LESLIE ALAN ROZENCWANG, P. A.          1 SE 3RD AVENUE #960          MIAMI FL 33131</b>	Mailing Address <b>C/O LESLIE ALAN ROZENCWANG, P. A.          1 SE 3RD AVENUE #960          MIAMI FL 33131</b>
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2. Principal Place of Business <b>C/O LESLIE ALAN ROZENCWANG, P.A.</b> Suite, Apt. #, etc.	3. Mailing Address <b>C/O LESLIE ALAN ROZENCWANG, P.A.</b> Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0993302</b>	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country



6. Name and Address of Current Registered Agent

**ROZENCWANG, P. A., LESLIE ALAN**  
**1 SE 3RD AVENUE #960**  
**MIAMI FL 33131**

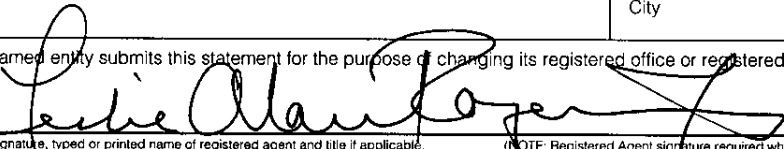
7. Name and Address of New Registered Agent

Name  
**LESLIE ALAN ROZENCWANG, P.A.**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROZENCWAIG, FRANCINE ONE S.E. 3RD AVE., STE. 960 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **January 7<sup>th</sup> 2002** Daytime Phone #

CR2E034 (9/01)