

2002 UNIFORM BUSINESS REPORT (UBR) - AMENDED

FILED
02 APR -3 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019820
1. Entity Name
SHAARIMEY, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business **PA** 3. Mailing Address **PA**
c/o Leslie Alan Rozencwaig **c/o Leslie Alan Rozencwaig**
Suite, Apt. #, etc. Suite, Apt. #, etc.
1 S.E. 3rd Ave., Ste 960 **1 S.E. 3rd Ave., Ste 960**

City & State City & State
Miami, FL **Miami, FL**
Zip Country Zip Country
33131 **US** **33131** **US**

4. FEI Number **65-0993302** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROZENCWAIG, LESLIE ALAN
1 S.E. 3RD AVE., STE. #960
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
100005289571--0
-04/17/02--01049--001
City *******61 FE** *******61.25**

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 _____ (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	<input type="checkbox"/> Delete
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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P Leslie Alan Rozencwaig 1 S.E. 3rd Ave., Ste 960 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S Amaury Luzardo 2990 N.W. 24th St. Miami, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PR 4/15	
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: *Leslie Alan Rozencwaig*

3/25/02 305-379-6100