

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000066170**1. Entity Name
SHAMIRA, INC.**FILED****01 OCT -9 AM 9:20****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Principal Place of Business
**1777 TAMiami TRAIL, STE. 507
PT. CHARLOTTE FL 33948**Mailing Address
**P.O. BOX 381175
MURDOCK FL 33938**

2. Principal Place of Business

20020 Veterans Blvd

3. Mailing Address

Suite, Apt. #, etc.
#1

Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Zip

33954

Country

Charlotte

Zip

Country

4. FEI Number

65-1023211

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**WHITE, MIRA S
1777 TAMiami TRAIL, STE. 507
PT. CHARLOTTE FL 33948**

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

9/11/019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **WHITE, MIRA S**
STREET ADDRESS **1777 TAMiami TRAIL, STE. 507**
CITY-ST-ZIP **PT. CHARLOTTE FL 33948**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **RD** ☒ Change ☐ Addition
NAME **MIRA S. White**
STREET ADDRESS **20020 Veterans Blvd #1**
CITY-ST-ZIP **Port Charlotte FL 33954**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/11/01**941 627-3667**

CR2E034 (5/01)