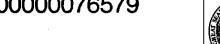
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P00000076579 DOCUMENT #

1. Entity Name SHARON YAMAMOTO, INC.





Principal Place of Business Mailing Address 772 NE 72 TERR 300 S SHORE DRIVE #8 **MIAMI FL 33138** MIAMI BEACH FL 33141 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1041043 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITE, SHARON Street Address (P.O. Box Number is Not Acceptable) 772 NE 72 TERR MIAMI FL 33138 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE TITI F ☐ Delete WHITE, SHARON BOXALL, TONIKO NAME NAME 300 S. SHORE DEWE, #8 STREET ADDRESS 300 S SHORE DRIVE #8 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE HUBBARD, ROBERT WHITE, ANTHONY NAME NAME 14971 EGAN LANE 772 NE 72 TER STREET ADDRESS STREET ADDRESS MIAMI FL 33138 CITY-ST-768 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Mar 03, 2003 8:00 am § Secretary of State

**FILED** 

03-03-2003 90440 012 \*\*\*150.00