

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90498 047 \*\*\*150.00

DOCUMENT # **P00000093039**

1. Entity Name  
**SHARMATO M.S., INC.**

Principal Place of Business Mailing Address

**517 N. COLONIAL DRIVE. 517 N. COLONIAL DR.**  
**ORLANDO, FL. 32804 ORL, FL. 32804**

**00057000**

2. Principal Place of Business

**517 N. COLONIAL DR.**

3. Mailing Address

**517 N. COLONIAL DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**ORL, FL.**

City & State  
**ORL, FL. 32804**

4. FEI Number  
**59-3672509**

Applied For  
☐ Not Applicable

Zip  
**32804**

Country  
**USA**

Zip  
**32804**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

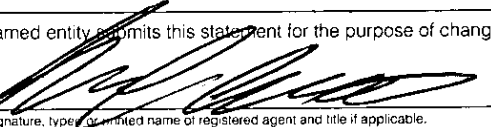
6. Name and Address of Current Registered Agent

**Angel Baez-Camacho**  
**2380 Bridgewood Trail**  
**ORL, FL. 32818**

7. Name and Address of New Registered Agent

Name **ANTHONY SUAREZ, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**517 N. COLONIAL DR.**  
 City **ORLANDO FL** Zip Code **32804**

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 

(NOT) Registered Agent signature required when reinstating)

**5/2/01**  
 DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!**  
**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

TITLE **PRESIDENT.** ☐ Delete  
 NAME **TOMAS MOALES**  
 STREET ADDRESS **517 N. COLONIAL DR.**  
 CITY-ST-ZIP **ORLANDO, FL. 32804**

TITLE **V.P.** ☐ Delete  
 NAME **NERIEA AROCHO**  
 STREET ADDRESS **517 N. COLONIAL DR.**  
 CITY-ST-ZIP **ORL, FL. 32804**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is 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: **Tomas E. Morales**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: R DIRECTOR

**5/2/01**  
 Date

**407-428-9660**  
 Daytime Phone #

CR2E034 (11/00)