FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

DOCUMENT. # P01000011023 1. Entity Name SHAMAH, INC.					Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90267 032 ***150.00			
Principal Place 8413 NW 68 MIAMI FL 331		Mailing Address 8413 NW 68 STREET MIAMI FL 33166						
2. Principal Place of Business 83.06.1W 56TH ST Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.				57	DO NOT WRITE I		18000 111 1 50	
City & Sta	WI FL	City & State MIAMI, FL	,	4.	FEI Number 65-1076		oplied For ot Applicable	
3310	Country 6. Name and Address of Current R	33160	ountry	7	Certificate of Status Desired Name and Address of New Regi	\$8.75 Add Fee Require		
CARVALHO, MARCIO E Name Street Ad				ARVA	ARVALHO, MARCTO E. dress (P.O. Box Number is Not Acceptable)			
			City	MAZ		FL Z	156	
8. The above	Mand for	raled/	MALKCZ tered Agent signati	ΩE.	gent, or both, in the State of Florid CARUA LUC reinstating)	A LITION		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		50.00	10. Election Campaign Finance Trust Fund Contribution.	~ _ \\	0 May Be to Fees	
11.	OFFICERS AND DI	RECTORS 1	2.		DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARVALHO, MARCIO E 8413 NW 68 STREET MIAMI FL 33166	5000 S	TITLE IAME STREET ADDRESS CITY-ST-ZIP	8306 N	LHO, MARCZO €. UW 56+H 5+ NZ FL-33166	☑ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		S:	ITLE AME Treet address ITY-ST-ZIP	- 11-11		☐ Change	Addition	
of the cor	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trusted empower or on an attachment with an address, will be the content with an address.	ie and accurate and that my sign red to execute this report as red	xemption state nature shall ha quired by Cha	ed in Section ave the same pter 607, Flor	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath ida Statutes; and that my name ap	ther certify that the in that I am an officer pears in Block 11 or	formation or director Block 12 if	