

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90157 003 ***150.00

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DOCUMENT # P01000064630
 1. Entity Name
SHARI N. HINES, P.A.

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| Principal Place of Business 1101 HAMPTON BLVD. NORTH LAUDERDALE FL 33068 | Mailing Address 1101 HAMPTON BLVD. NORTH LAUDERDALE FL 33068 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 1545 E. Oakland Pk Blvd Suite, Apt. #, etc. Suite A | 3. Mailing Address 1545 E. Oakland Pk Blvd Suite, Apt. #, etc. Suite A |
|---|---|

| | | | |
|---------------------------------------|---------------------------------------|-----------------------------|-------------------------------|
| City & State Oakland Park, Florida | City & State Oakland Park, Florida | 4. FEI Number 65-1128010 | Applied For Not Applicable |
| Zip 33334 | Country USA | Zip 33334 | Country USA |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent
HINES, SHARI ESQ.
 1101 HAMPTON BLVD.
 NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent
 Name **Hines, Shari Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
1545 E. Oakland Pk Blvd
Suite A
 City **Oakland Park** **FL** Zip Code **33334**

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 **SHARI N. HINES** DATE **4/5/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | D HINES, SHARI ESQ. 1101 HAMPTON BLVD. NORTH LAUDERDALE FL 33068 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input checked="" type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: **SHARI N. HINES** DATE **4/5/2002** DAYTIME PHONE # **(954) 567-3774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)