

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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1. Entity Name
SHARI N. HINES, P.A.

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
Zip
33334
Country
USA

City & State
Oakland Park, Florida
Zip
33334
Country
USA

4. FEI Number 65-1128010
Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$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** **4/5/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HINES, SHARI ESQ.	1101 HAMPTON BLVD.	NORTH LAUDERDALE FL 33068	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** **4/5/2002** **(954) 567-3774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)