

FILED
May 24, 2002 8:00 am
Secretary of State

04-10-2002 90730 001 ***300.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082587

1. Entity Name

SHOMA I, INC.

Principal Place of Business

8550 NW 33 STREET
 MIAMI FL 33166

Mailing Address

8550 NW 33 STREET
 MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1131885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SHOJAE, MASOUD
 8550 NW 33 STREET
 MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME D SHOJAE, MASOUD
 STREET ADDRESS 8550 NW 33 STREET
 CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete
 NAME DE SHOJAE, MARIA LAMAS
 STREET ADDRESS 8550 NW 33 STREET
 CITY-ST-ZIP MIAMI FL 33166

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 Add Suite 100
 CITY-ST-ZIP Miami, FL 33122

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS Add Suite 100
 CITY-ST-ZIP Miami, FL 33122

TITLE ☒ Change ☐ Addition
 NAME VP
 STREET ADDRESS Ms. Tanja
 CITY-ST-ZIP 8550 NW 33 St. Suite 100
 Miami, FL 33122

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)