2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082593

1. Entity Name
SHOMA HOMES AT BLACK DIAMOND, INC.



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90151 015 ***150.00

SHOWA	HOMES AT BLACK DIAMON	D, INC.		
Principal Place of Business 8550 NW 33 STREET SUITE 100 MIAMI FL 33122		Mailing Address 8550 NW 33 STREET SUITE 100 MIAMI FL 33122		
2. Principal Place of Business		3. Mailing Address		- I TORKEDOL IN DELLE INELL BONN DONN DONN LONG THE TRANSPORT FRANCE (NIN 1984)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		· City & State		4. FEI Number 65-1131890 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
ر درجهن سندس سيدرون . بي مدينيت تشنيست مدين سده			Name	and the second s
SHOJAEE, MASOUD 8550 NW 33 STREET			Street Address	s (P.O. Box Number is Not Acceptable)
Miami Fi	. 33166		City	
2 The above	o parmed patity as hards this state as a few	7 -1	1	FL Zip Code
the obliga	e named entity submits this statement for itions of registered agent.	the purpose of changing its r	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOJAEE, MASOUD 8550 NW 33 STREET, STE 100 MIAMI FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP	D DE SHOJAEE, MARIA LAMAS 8550 NW 33 STREET, STE 100 MIAMI FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, TANIA 8550 NW 33 STREET, STE 100 MIAMI FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2	☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filling 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 the use and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with a later like empowered.

SIGNATURE:

SIGNA ME REQUIRED SIGNATURE AND TYP