

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082603

1. Entity Name
SHOMA IV, INC.Principal Place of Business
8550 NW 33 STREET
MIAMI FL 33166Mailing Address
8550 NW 33 STREET
MIAMI FL 331662. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number

65-119932

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 State10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME SHOJAE, MASOUD
STREET ADDRESS 8550 NW 33 STREET
CITY-ST-ZIP MIAMI FL 33166TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Add Suite 100
Change Zip code to 33122TITLE D Delete
NAME DE SHOJAE, MARIA LAMAS
STREET ADDRESS 8550 NW 33 STREET
CITY-ST-ZIP MIAMI FL 33166TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Add Suite 100
Change Zip code to 33122TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Martin, Tania
8550 NW 33rd st. Suite 100
Miami, FL 33122TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE 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 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)