

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082624

1. Entry Name

SHERO'S INN CORPORATION

Principal Place of Business

1701 W. HILLSBORO BLVD.
SUITE 301
DEERFIELD BEACH FL 33442

Mailing Address

1701 W. HILLSBORO BLVD.
SUITE 301
DEERFIELD BEACH FL 33442

2. Principal Place of Business

160 SW 12 Ave. APT 101B

3. Mailing Address

160 SW 12 Avenue F101B

Suite, Apt. #, etc.

Suite 101B

Suite, Apt. #, etc.

Suite 101B

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. FBI Number

01-0590188

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINTRAUB, PETER B

1701 W. HILLSBORO BLVD.

SUITE 301

DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

WERKSMAN, ALAN J.

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

160 SW 12 Avenue

Suite 101B

City

Deerfield Beach

FL

Zip Code

33442

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: ALAN J. WERKSMAN

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/26/02

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 SMITH, SUSAN

717 N.W. 40TH TERRACE

DEERFIELD BEACH FL 33442

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D LUCANIA, LISA

717 N.W. 40TH TERRACE

DEERFIELD BEACH FL 33442

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Susan Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02 84-425-425

Date

Daytime Phone #

FILED

02 JUN 11 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR25034 (9/01)