

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000088850

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: SHANAMA, INC.

Current Principal Place of Business:

1640 NW 24 TERRACE
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1640 NW 24 TERRACE
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, SHARON
1640 NW 24 TERRACE
FT LAUDERDALE, FL 33311

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, NANCY R
Address: 7525 NW 3 CT
City-St-Zip: PLANTATION, FL 33317

Title: VD () Delete
Name: AMRITT, MAUREEN
Address: 3348 NW 32 CT
City-St-Zip: LAUDERDLAE LAKES, FL 33319

Title: VD () Delete
Name: MORDON, LAWRENCE D
Address: 3348 NW 32 CT
City-St-Zip: LAUDERDLAE LAKES, FL 33319

Title: VD () Delete
Name: NICOME-BRADY, CAROL
Address: 5420 NW 11 ST #207
City-St-Zip: PLANTATION, FL 33309

Title: VD () Delete
Name: NESFIELD, CHERYL
Address: 5498 NW 11 ST #C
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY R. MARTINEZ

PD

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date