## FILED Apr 25, 2003 8:00 am Secretary of State

200	3 UNIFORM I		Secretary of State									
DOCUMENT # P01000096623  1. Entity Name								04-25-2003	90239 0	)47 ***	*150.00	
SHARI, INC.												
Principal Place of Business Mailing Address 9309 COLLINS AVE., #2												
MIAMI, FL 33154								11016904				
Principal Place of Business     STILLWATER DRIVE			3. Mailing Address 965 STILLWATER DRIVE						•			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State MIAMI BEACH, FL			City & State MIAMI BEACH, FL				J	4. FEI Number         Applied For 65-1151044           Not Applicable				
Zip 33141	Country	3.	Zip 3141		Countr US	У	5	. Certificate of Status Desired	\$8.	75 Requir	Additional	7
6.	Name and Address of				00		7. Na	ame and Address of New R				_
9300 COLLINS AVE. APT. #2 Street Address								OSE MARIE ess (P.O. Box Number is Not Acceptable) WATER DRIVE				
						City MIAM	I BEACI	Н •	FI	Zip   331	Code 41	
8. The abov	e named entity submits	this stateme	ent for the p	urpose of	changing			ffice or registered agent, or b	oth, in the	State	of Florida.	
SIGNATURE	Signature, typed or printed nar	CMCVQ ne of registered	agent and title	i applicable.	(NOTE	: Register	ed Agent sig	gnature required when reinstating)	Date	4/23/2	2003	
9. This corporation is eligible to satisfy its FILE NOW!!! FEE IS \$150.00								T				7
					MAY 1, 2003 Fee will be \$550.00 eck Payable to Department of State			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11:	OFFICERS	AND DIREC	TORS		12.		ADDI	TIONS/CHANGES TO OFFICER			S IN 11	╗.
TITLE	P  REYES, R.M.			Delete	TITLE				[X]	Change	Additio	n   §
NAME STREET ADDRESS	9309 COLLINS AVE	APT. #2			NAME STREET A	DORESS	965 ST	ILLWATER DRIVE				EF134 (9/00)
CITY - ST - ZIP	MIAMI, FL 33154			<del></del>	CITY-ST-	ZIP	MIAMI	BEACH, FL 33141			<del></del>	
NAME	VP BATTEN, C.A.S.		<u> </u>	Delete	TITLE				X	Change	Additio	ח ן כ
STREET ADDRESS	9309 COLLINS AVE MIAMI, FL 33154	ſ			DORESS ZIP		STILLWATER DRIVE II BEACH, FL 33141					
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TITLE				Delete	TITLE					Change	Additio	n ]
NAME STREET ADDRESS			•		NAME STREET A	ODRESS						-
CITY - ST - ZIP  13. I hereby cell information I am an officence of the control o	indicated on this report or s	upplemental retainmental retails	eport is true a ceiver or trust	ind accurate ee empowe	the exeme and that	ption stat my signa cute this	iture shall report as r	ion 119.07(3)(i), Florida Statutes. have the same legal effect as if nequired by Chapter 607, Florida impowered.	nade under	oath; th	at ·	1
SIGNATU		serl	شكك	KO-	0. XL	DENT	****	4/23/2003	786.	-290-3	484	
	SIGNATURE AI	D TYPED O	R PRINTED N	IAME OF S	<del>~~</del>		OR DIRE			me Pho		