## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## Feb 28, 2003 8:00 am Secretary of State P02000087141 DOCUMENT # 1. Entity Name 02-28-2003 90150 007 \*\*\*150.00 SHOMA XXVI, INC. Principal Place of Business Mailing Address 8550 N.W. 33 STREET 8550 N.W. 33 STREET SUITE 100 SUITE 100 MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 51-0431842 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE 28TH FLOOR **MIAMI FL 33131** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition SHOJAEE, MASOUD NAME NAME STREET ADDRESS 8550 N.W. 33 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP 33124 TITLE ☐ Delete TITLE **Change** ☐ Addition NAME LAMAS SHOJAEE, MARIA NAME STREET ADDRESS 8550 N.W. 33 STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIF 33122 TITLE ☐ Delete TITLE ☐ Change Addition NAME North Tania NAME STREET ADDRESS 8550 N.W. 33 St. St. 160 STREET ADDRESS CITY-ST-ZIP Miami, FL33122 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12. 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 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 truetee encouraged 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 adjusters, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

Change

☐ Addition

3R2E034 (10/02)

FILED