

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91870 024 \*\*\*150.00

DOCUMENT # P02000114268

1. Entity Name

SHARP, IMAGE AMERICA, INC



Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

423 W. VINE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMEE, FLORIDA

Zip

Country

34741

USA

4. FEI Number

06-1652849

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name MUHAMMAD A. FAROOQUI

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

13448 COLONY SQ DR. No. 2722

City ORLANDO

FL

Zip Code 32837

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 reinstalling)

DATE

4/29/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME MUHAMMAD A. FAROOQUI  
STREET ADDRESS 13448 COLONY SQ DR # 2722  
CITY-ST-ZIP ORLANDO, FL 32837-5374

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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*M. A. Farooqui*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03

4/25/03

CR2E034 (10/02)