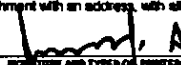


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000130105		
1. Entity Name SHARI ENTERPRISE INC.		
Principal Place of Business 10254 SERENE MEADOW DRIVE, NORTH BOCA RATON, FL 33428 US		Mailing Address 10254 SERENE MEADOW DRIVE, NORTH BOCA RATON, FL 33428 US
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. Name and Address of Current Registered Agent ALL, SYEEDA 10254 SERENE MEADOW DRIVE, NORTH BOCA RATON, FL 33428		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
6. 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 in printed name of registered agent and this 7 applicable. (NONE Registered Agent/Signature required when appointing) DATE _____		
7. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	P	☐ Delete
NAME	ALL, SYEEDA	
STREET ADDRESS	10254 SERENE MEADOW DRIVE, NORTH	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	VP	☐ Delete
NAME	ALL, SHAIKH I	
STREET ADDRESS	10254 SERENE MEADOW DRIVE, NORTH	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 lines empowered.		
SIGNATURE: 		4/30/03 561702665