

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90171 002 ***150.00

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DOCUMENT # P02000134747

1. Entity Name

SCHARLINVEST I, INC.



Principal Place of Business

8865 SW 132ND ST
MIAMI FL 33176

Mailing Address

8865 SW 132ND ST
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

3310 DEVON CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

Zip 33133

Country USA

4. FEI Number

37-1452977

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

SCHARLIN, DAVID M
8865 SW 132ND ST
MIAMI FL 33176

Name

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

City

FL

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

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 D ☐ Delete
NAME SCHARLIN, DAVID M
STREET ADDRESS 8865 SW 132ND ST
CITY-ST-ZIP MIAMI FL 33176

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS 3310 DEVON CT.
CITY-ST-ZIP MIAMI, FL 33133

TITLE D ☐ Delete
NAME SCHARLIN, PEGGY A
STREET ADDRESS 10 EDGEWATER DR
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE VDST ☒ Change ☐ Addition
NAME
STREET ADDRESS 0316 Pfister Drive
CITY-ST-ZIP Aspen, CO 81611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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:

SIGNATURE OF DAVID SCHARLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

(305) 253-6500

Daytime Phone #

CR2E034 (10/02)