

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043481

1. Entity Name
SHALA'S DESIGN, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90026 030 ***150.00

Principal Place of Business

O'HAIR
142 NORTH NOVA RD
ORMOND BEACH FL 32174
US

Mailing Address

23 BAY POINTE DR.
ORMOND BEACH FL 32174

2. Principal Place of Business

555 WEST Granada Blv.

3. Mailing Address

Suite, Apt. #, etc.
Suite E-5

Suite, Apt. #, etc.

City & State
Ormond Beach FL

City & State

Zip
32174

Country
Volusia

Zip

Country

4. FEI Number **59-3247059**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAHRAM FOROUGH
23 BAY POINTE DR
ORMOND BCH FL 32174

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTS
FOROUGH, BAHAM
23 BAY POINTE DR.
ORMOND BEACH FL 32174 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
FOROUGH, SHALA S.
23 BAY POINTE DR.
ORMOND BEACH FL 32174 ☐ Delete

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01
Date

904-673-6726
Daytime Phone #

CR2E034 (10/00)