

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082506

1. Entity Name

SCHARF SHOP INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90109 037 \*\*\*158.75

Principal Place of Business

Mailing Address

1411 NE 129TH ST  
N MIAMI FL 33161  
US

1411 NE 129 ST  
N MIAMI FL 33161-4457  
US

2. Principal Place of Business

1409 NE 129TH ST.  
Suite, Apt. #, etc.

3. Mailing Address

1409 NE 129TH ST.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

N. MIAMI, FL

4. FEI Number

65-0534171

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITMAN, NEAL S ESQ  
200 S DIXIE HWY  
SUITE 200  
MIAMI FL 33133

Name

LITMAN, NEAL S. ESQ

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

2900 MIDDLE STREET

GROVE PLAZA, 2ND FLOOR

City

MIAMI

FL

Zip Code

33133

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	SCHARF, KENNY	
STREET ADDRESS	1411 NE 129TH ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHARF, MARIA TEREZA	
STREET ADDRESS	1411 NE 129TH ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARF, KENNY	
STREET ADDRESS	1409 NE 129TH ST.	
CITY-ST-ZIP	N. MIAMI, FL 33161	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEREZA SCHARF	
STREET ADDRESS	1409 NE 129TH ST.	
CITY-ST-ZIP	N. MIAMI, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Kenny Scharf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/00

Daytime Phone #

(305) 893-7604

CR2E034 (9/99)