

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082506

1. Entity Name

SCHARF SHOP INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90308 032 ***150.00

Principal Place of Business

1409 NE 129TH ST
N MIAMI FL 33161
US

Mailing Address

1409 NE 129TH ST
N MIAMI FL 33161
US

00055115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5178 W. Adams Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Los Angeles CA

4. FEI Number 65-0534171

Applied For
Not Applicable

Zip

Country

Zip

Country

90016

USA

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

LITMAN, NEAL S ESQ
2900 MIDDLE ST
GROVE PLAZA 2ND FLOOR
MIAMI FL 33133

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 P
NAME SCHARF, KENNY
STREET ADDRESS 1409 NE 129TH ST
CITY-ST-ZIP N MIAMI FL 33161 ☐ Delete

TITLE P
NAME SCHARF, KENNY
STREET ADDRESS 5178 W. ADAMS BLVD.
CITY-ST-ZIP LOS ANGELES, CA 90016 ☒ Change ☐ Addition

TITLE VP
NAME SCHARF, MARIA TEREZA
STREET ADDRESS 1409 NE 129TH ST
CITY-ST-ZIP N MIAMI FL 33161 ☐ Delete

TITLE VP
NAME SCHARF, MARIA TEREZA
STREET ADDRESS 5178 W. ADAMS BLVD.
CITY-ST-ZIP LOS ANGELES, CA 90016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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

Kenny Scharf 4/10/01

Date

Daytime Phone #

305 8937604

CR2E034 (10/00)