

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017005

1. Entity Name

SHARISMA, INCORPORATED

Principal Place of Business

Mailing Address

2647B NE 186 TERR  
N MIAMI BEACH FL 33180  
US

2647B NE 186 TERR  
N MIAMI BEACH FL 33180  
US

2. Principal Place of Business

2737 NW 75 ST.

3. Mailing Address

2737 NW 75 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33147

City & State

MIAMI, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

4. FEI Number

65-0565805

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SATZ, SHARI  
16200 NW 2ND AVE  
#106  
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

Shari Nelson (new 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

Sh. Nelson

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

(NOTE: Registered Agent signature required when reinstating)

4/13/01

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

TITLE P  
NAME SATZ, SHARI  
STREET ADDRESS 16200 NW 2ND AVE #106  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME Shari Nelson  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Sh. Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

3DS 693 1242

Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90088 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0228683

CR2E034 (10/00)