

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000075213**

1. Entity Name
SHARSAN, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90260 022 ***150.00

Principal Place of Business
**328 CRANDON BOULEVARD
SUITE 124
KEY BISCAYNE FL 33149**

Mailing Address
**328 CRANDON BOULEVARD
SUITE 124
KEY BISCAYNE FL 33149**

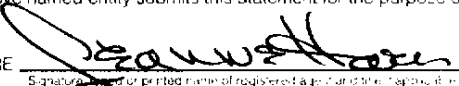


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0615251		☐ Applies For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	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			
YOUNG, JOSEPH G 104 CRANDON BOULEVARD SUITE 300 KEY BISCAYNE FL 33149-1542				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.

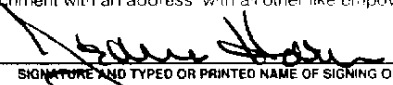
SIGNATURE  1/31/01

Signature of or printed name of registered agent and the representative of the Registered Agent's signature hereon with the following:

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)	
TITLE	P	TITLE	
NAME	HARMON, JEANNE	NAME	
STREET ADDRESS	328 CRANDON BOULEVARD, SUITE 124	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	SCHNITZER, STEVEN	NAME	
STREET ADDRESS	1065 WASHINGTON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	SANDERS, HOWARD	NAME	
STREET ADDRESS	1065 WASHINGTON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(c), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/31/01 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10-00)