2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
02-06-2001 90260 022 ***150.00

DOCUMENT # P95000075213

1. Entity Name
SHARSAN, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0615251** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, JOSEPH G
104 CRANDON BOULEVARD
SUITE 309
KEY BISCAYNE FL 33149-1542

7. Name and Address of New Registered Agent

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] 1/31/01
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	
TITLE	P	☐ Delete	TITLE	[ ] Change [ ] Addition
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	☐ Delete	TITLE	[ ] Change [ ] Addition
NAME	SCHNITZER, STEVEN		NAME	
STREET ADDRESS	1065 WASHINGTON AVENUE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	[ ] Change [ ] Addition
NAME	SANDERS, HOWARD		NAME	
STREET ADDRESS	1065 WASHINGTON AVENUE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	[ ] Change [ ] Addition
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)(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] 1/31/01 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Title

CR2E034 (10/00)