## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 04, 2000 8:00 am Secretary of State DOCUMENT # **P96000048635** SHERE CONFECTIONS, INC. 04-04-2000 90055 042 \*\*\*150.00 Principal Place of Business Mailing Address 13100 SW 105TH AVE 13100 SW 105TH AVE MIAMI FL 33176-5529 MIAMI FL 33176 Principal Place of Business 3. Mailing Address SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number \_ 65-0677805 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERICK, RONALD P. 11258 SW 153RB PLACE MIAMI FL 33196 City agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered/office of registres. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ERICK, SHERRY A NAME NAME 13100 13100 SW 1057H AVE STREET ADDRESS STREET ADDRESS 33176 M $_{1}A$ -m $_{1}$ CITY-ST-ZIP CITY-ST-ZIP MIAMHEL 33176 STD Addition TITLE ☐ Delete TITLE *Icasem* ERICK, RONALD P. NAME NAME 13100 SW 195TH AVE STREET ADDRESS STREET ADDRESS 33176 MIAMII CITY-ST-7IP CITY-ST-ZIP MIAMPFE 33176 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR