

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90187 026 ***150.00

DOCUMENT # **P97000029830**

1. Entity Name

SHARPE CONNECTION INC

Principal Place of Business

Mailing Address

SHARPE CONNECTION INC
800 W. OAKLAND PARK
Suite 200
FT LAUDERDALE FL 33311

6901 NW 32 AVE
FT LAUD FL 33309

2. Principal Place of Business

3. Mailing Address

800 W OAKLAND PARK

6901 NW 32 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

FI

City & State

City & State

FT LAUDERDALE FL

FT LAUD FL

Zip

Country

Zip

Country

33311

Broward

33309

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUNDRA K SHARPE
6901 NW 32 AVE
FT LAUD FL 33309

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, 2000 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 **PRESIDENT**
NAME **SAUNDRA K SHARPE** ☐ Delete
STREET ADDRESS **6901 NW - 32 AVE**
CITY-ST-ZIP **FT LAUD FL 33309**

TITLE ☐ Change ☐ Delete
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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 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

Date

Daytime Phone #

4/20/2000 954 567-0888