

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053811

1. Entity Name

SHIRAL TRADING USA, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90565 011 \*\*\*158.75

Principal Place of Business

Mailing Address

3121 W. HALLANDALE BEACH BLVD.  
SUITE 102  
PEMBROKE PARK FL 33009  
US

3121 W. HALLANDALE BEACH BLVD.  
SUITE 102  
PEMBROKE PARK FL 33009-5149  
US

2. Principal Place of Business

3. Mailing Address

3121 W. HALLANDALE BEACH BLVD  
Suite, Apt. #, etc. 101

3121 W. HALLANDALE BEACH BLVD.  
Suite, Apt. #, etc. 101



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PARK, FL

City & State

PEMBROKE PARK, FL

4. FEI Number

65-0839553

Applied For

Not Applicable

Zip

33009

Country

Zip

33009

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

HAMID SALEHI  
7625 S.W. 160TH TERRACE  
SUITE 1  
MIAMI FL 33157

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	D	<input type="checkbox"/> Delete
NAME	SALEHI, HAMID	
STREET ADDRESS	3121 W HALLANDALE BCH BLVD STE 102	
CITY-ST-ZIP	PEMBROKE PINES FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALEHI, HAMID	
STREET ADDRESS	3121 W HALLANDALE BCH BLVD STE 101	
CITY-ST-ZIP	PEMBROKE PINES FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE:

*Hamid Salehi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

305-232-5092

Daytime Phone #

CR2E034 (9/99)