

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90071 028 ***150.00

DOCUMENT #

1. Entity Name

Sharna Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

B0058622

2. Principal Place of Business

5811 WIRLO Bronson Hwy.

3. Mailing Address

1107 N. Forrest Av.

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL.

City & State

Kissimmee, FL

4. FEI Number

59-3541700

Applied For

Not Applicable

Zip

34746

Country

Zip

34741

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *Ali Shahjahan*

Street Address (P.O. Box Number is Not Acceptable)
1107 N. Forest Ave.

City *Kissimmee*

FL

Zip Code
34741

**DO NOT WRITE
IN THIS SPACE**

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

Ali Shahjahan

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

3/25/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is **\$150.00**
After May 1, Fee is **\$550.00**
Amended UBR is **\$61.25**

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

TITLE *President*
NAME *Ali Shahjahan*
STREET ADDRESS *1107 N. Forest Ave.*
CITY- ST- ZIP *Kiss, FL. 34741*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ali Shahjahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

Date

407 935 1414

Daytime Phone *

CR2E034B (12/01)