

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90322 043 ***150.00

553454

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 99000048440
1. Entity Name
 SHARONA INC

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 880 SW 10TH AVE 1810 SABEL DRIVE
 Suite, Apt. # etc. 8 Suite, Apt. #, etc.

City & State **City & State**
 Pompano Beach FL Deerfield Beach FL
Zip **Country** **Zip** **Country**
 33069 33442

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name AHADI SHARONA
Street Address (P.O. Box Number is Not Acceptable) 880 SW 10TH AVE #8
City Pompano Beach FL **Zip Code** 33069

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]* *[Signature]* **DATE** 4/30/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW! After MAY 1, 2001 Make Check Payable **FEE IS \$150.00 Fee will be \$550.00 to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P SUP T
STREET ADDRESS	AHADI, SHARONA
CITY - ST - ZIP	880 SW 10TH AVE #8 Pompano Beach FL 33069
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *[Signature]* *[Signature]* **DATE** 4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)