

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000081407**

1. Entity Name

**SHASA, INC.****FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90008 012 \*\*\*150.00

0492892

Principal Place of Business

**5341 N.W. 84TH WAY  
CORAL SPRINGS FL 33067**

Mailing Address

**5341 N.W. 84TH WAY  
CORAL SPRINGS FL 33067****703188**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0949752**

Applied For

Not Applicable

Zip

Country

Zip

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

**SARANITI, SHARON  
5341 NW 84 WAY  
CORAL SPRINGS FL 33067**

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SARANITI, SAL</b>	
STREET ADDRESS	<b>5341 N.W. 84TH WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SARANITI, SHARON</b>	
STREET ADDRESS	<b>5341 N.W. 84TH WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SARANITI, NICK</b>	
STREET ADDRESS	<b>750 LOCK ROAD, #105</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SARANITI, SHELLEY</b>	
STREET ADDRESS	<b>99 ASCENCION DRIVE, #E121</b>	
CITY-ST-ZIP	<b>ASHEVILLE NC 28806</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01**

Date

**954 753 9163**

Daytime Phone #

CR2E034 (10/00)