

Amended

## 2000 UNIFORM BUSINESS REPORT (UBR)

082300

DOCUMENT # P99000084083

1. Entity Name

SHARP IMAGE SERVICES, INC.

FILED

00 SEP -8 AM 9:01

Principal Place of Business

Mailing Address

2935 SW 22 AVE # 102  
DELRAY BEACH, FL - 33445SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2935 SW 22 AVE

3. Mailing Address

2935 SW 22 AVE

Suite, Apt. #, etc.

SUITE # 102

Suite, Apt. #, etc.

SUITE 102

City &amp; State

DELRAY BEACH, FL

City &amp; State

DELRAY BEACH, FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

65-0964242

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUCIANA B. BRAGA  
2935 SW 22 AVE # 102  
DELRAY BEACH, FL - 33445

7. Name and Address of New Registered Agent

Name DOUGLAS MARIANO

Street Address (P.O. Box Number is Not Acceptable)

2935 SW 22 AVE

# 102

City DELRAY BEACH

FL

Zip Code

33445

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

Douglas Mariano DOUGLAS MARIANO 9/7/00

Signature, typed or printed name of registered agent and file 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) ☐10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TREASURER

☒ Change ☐ Addition

LUCIANA B. BRAGA

2935 SW 22 AVE # 102

DELRAY BEACH, FL 33445

DELRAY BEACH, FL 33445

DOUGLAS MARIANO

☐ Change ☒ Addition

PRESIDENT

2935 SW 22 AVE # 102

DELRAY BEACH, FL 33445

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☐ Change ☐ Addition

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DELRAY BEACH, FL 33445

DELRAY BEACH, FL 33445

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: Douglas Mariano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/00

Date

(561) 330-2800

Daytime Phone #

CR2E034 (9/99)